MAR 25 1936

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

8757

1. PLACE OF DEATH
County Saline Registration District No. 792
Township Clay Little Rock Primary Registration District No. 6043 A
City (No. Prect., St. Ward)

File No.
Registered No.

2. FULL NAME George Conway
(a) Residence, No. St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE Negro
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Widowed
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 27, 1850
7. AGE YEARS 85 MONTHS 10 DAYS 14 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ✓
10. Date deceased last worked at this occupation (month and year) ✓
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Saline Co Mo.

FATHER
13. NAME Elic Conway
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Saline Co Mo.

MOTHER
15. MAIDEN NAME Sarah Shepard
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky.

17. INFORMANT (ADDRESS) Bill Conway Napton Mo
18. BURIAL, CREMATION, OR REMOVAL
PLACE Union Hill DATE Feb 13 1936
19. UNDERTAKER (ADDRESS) Hill Bros Slater Mo.
20. FILED Feb 11 1936 C. L. Lawless Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 11, 1936
22. I HEREBY CERTIFY, That I attended deceased from held in guest Feb 11, 1936
I last saw him alive on 10, 19 Death is said to have occurred on the date stated above, at 2 p.m.
The principal cause of death and related causes of importance were as follows:
Cerebral Hemorrhage — Date of onset
Other contributory causes of importance: Debility
Name of operation Date of
What test confirmed diagnosis? ✓ Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? ✓ Date of injury ✓, 19
Where did injury occur? ✓
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury ✓
Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) C. L. Lawless Coroner M. D.
(Address) Marshall Mo.

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.