

MAY 7 1936

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

Do not use this space.
17706

1. PLACE OF DEATH

County.....

Registration District No.....

791

Township.....

Primary Registration District No.....

1003

City.....

(No. of City Informary.....)

File No.....

Registered No.....

4489

St. Ward.....

2. FULL NAME

(a) Residence, No. St. 13 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 *White* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Single*

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *Single*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Sept 29 1869*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. *1869 66 6 23*

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Houseman*

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) *Illinois*

13. NAME *Paul Conlan*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *unknown*

15. MAIDEN NAME *Elizabeth McKerrey*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *unknown*

17. INFORMANT (ADDRESS) *E. Molony 58 W. Arsenal St.*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Chloro Cem* DATE *April 25, 1936*

19. UNDERTAKER (ADDRESS) *J. D. Gebben & Co 2842 Meramec*

20. FILED *APR 21 1936 J. F. Bredeck Registrar.*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *April 16, 1936*

22. I HEREBY CERTIFY, That I attended deceased from *August 27, 1935* to *April 16, 1936*
I last saw *him* alive on *April 16, 1936* Death is said to have occurred on the date stated above, at *2:00 a.m.*

The principal cause of death and related causes of importance were as follows:

Arteriosclerotic heart disease

Date of onset

Other contributory causes of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy?.....

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. E. Smith*, M. D.

(Address) *56 W. Arsenal St. St. Louis, Mo.*

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.

