

JUN 5 1936

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

Do not use this space.

1. PLACE OF DEATH

City St. Louis (No. 4768 Greer Ave)
Township _____
Registration District No. 791
Primary Registration District No. 1003

20803

File No. 4993
Registered No. _____
St. _____ Ward)

2. FULL NAME Sophia O. Conaway

(a) Residence, No. 4768 Greer Ave. St. 6 Ward. _____
(Usual place of abode)
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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female	4. COLOR OR RACE White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF William E. Conaway		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 18, 1859		
7. AGE YEARS 77	MONTHS 3	DAYS 19
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home		
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) **Wisconsin**

13. NAME **Wm. E. Wright**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Dont Know**

15. MAIDEN NAME **Thonby**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Dont Know**

17. INFORMANT **Mr. Leo Riley**
(ADDRESS) **4768 Greer Ave.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Bellefontaine** DATE **May 9, 1936**

19. UNDERTAKER **Cullinane Bros**
(ADDRESS) **1710 N. Grand Blvd.**

20. FILED **MAY 7 1936** **Jt. Bredeck**
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **MAY 6, 1936**

22. I HEREBY CERTIFY, That I attended deceased from **MAR. 2, 1929** to **MAY 6, 1936**
I last saw h. ER alive on **MAY 6, 1936** Death is said to have occurred on the date stated above, at **7:30A** m.
The principal cause of death and related causes of importance were as follows:

CHRONIC MYOCARDITIS

Date of onset **MAY 4, 1936**

131

Other contributory causes of importance:
CHRONIC INTERSTITIAL NEPHRITIS

Name of operation **NO** 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? **NO** 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 **NONE**
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify **Dr. Van Hooser**, M. D.
(Signed) _____
(Address) **8313 HALLS FERRY RD. CITY**

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.

100-100000-100000

100-100000-100000

100-100000-100000

100-100000-100000

100-100000-100000

100-100000-100000

100-100000-100000

100-100000-100000

100-100000-100000

100-100000-100000

100-100000-100000

100-100000-100000

100-100000-100000

100-100000-100000

100-100000-100000

100-100000-100000