

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

Do not use this space.

23499-1

DEC 28 1936

**1. PLACE OF DEATH**

County Macon  
Township  
City Elmer (No. ....)

Registration District No. 5-30  
Primary Registration District No. 5707

File No. ....  
Registered No. ....  
St. .... Ward)

**2. FULL NAME**

Rena Conley  
(a) Residence, No. Elmer 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 <u>Female</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>married</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Mar-14-1883</u>				
7. AGE	YEARS <u>53</u>	MONTHS <u>9</u>	DAYS <u>8<sup>11</sup></u>	IF LESS than 1 day, ..... hrs. or ..... min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>			
	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	

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 5, 1936

22. I HEREBY CERTIFY, That I attended deceased from June 5, 1936 to ....., 19.....

I last saw her alive on June 5, 1936 Death is said

to have occurred on the day stated above, at ..... m.

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

Inquest was shot in left breast by pistol.

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? suicide Date of injury June 5, 1936

Where did injury occur? her home, Elmer, Mo

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.  
In home

Manner of injury shot by pistol.

Nature of injury wound in left breast.

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify

(Signed) D. W. Baker, M. D.

(Address) Elmer, Mo

FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	<u>Mo</u>
	13. NAME	<u>Conley</u>
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	<u>Mo</u>
	15. MAIDEN NAME	<u>Conley</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	<u>Mo</u>
17. INFORMANT (ADDRESS)		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Burial Elmer, Mo</u> DATE <u>June 7</u> , 19 <u>36</u>		
19. UNDERTAKER (ADDRESS) <u>W. M. Collier</u>		
20. FILED <u>Nov 23</u> , 19 <u>36</u> <u>Mrs Lloyd Baker</u> Registrar.		

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

23