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.

SEP 29 1936

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

Do not use this space.

32322

1. PLACE OF DEATH

County St. Louis — Registration District No. 790 — File No.

Township ~~Clayton,~~ — Primary Registration District No. 60338 — Registered No. 337

City Clayton (No. St. Louis County Hospital St. Ward)

2. FULL NAME Amzi R. Conklin

(a) Residence, No. 1033 East Park, St., Ward. University City, Mo.
(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 ----

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 21, 1911.

7. AGE: YEARS 25 — MONTHS 4 — DAYS 6 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Saleman for Fuller Brush Co.
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) Missouri

FATHER

13. NAME Enoch Conklin
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

MOTHER

15. MAIDEN NAME Maud James
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT Enoch Conklin (ADDRESS) 1033 East Park

18. BURIAL, CREMATION, OR REMOVAL Jonesburg, Mo. DATE Aug. 29/36.

19. UNDERTAKER Jos. W. Clark. (ADDRESS) 1125 Hodiamont Ave.,

20. FILED 8/29, 1936 Dr. A. J. Siguorelli Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 27/36. 19

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

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 2:30AM

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

From every evidence, Felo De Ce, shot self in right temporal, with 22 caliber rifle, bullet entering right temporal and re-raining within head, mascerating brain.

Date of onset

Other contributory causes of importance:

From every evidence caused by love=affray.

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

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

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) [signature] 8/28/36, M. D.

(Address) 3718 Jennings Rd.

[signature] P. O., Mo.