

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

Dr. H. C. Clark
Do not use this space.

35379

1. PLACE OF DEATH
 County St Charles Registration District No. 757
 Township St Charles Primary Registration District No. 5998
 City (No. St. Ward)

2. FULL NAME Peter Conoyer
 (a) Residence, No. St Charles Colony RR2 St. 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 Male **4. COLOR OR RACE** White **5. SINGLE, MARRIED, WIDOWED, OR DIVORCED** (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Wilhelmina Weber

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 14th 1883

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day,	hrs.	or	min.
	<u>83</u>	<u>5</u>	<u>17</u>				

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

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) St Charles County Mo

FATHER

13. NAME John Batiste Conoyer

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Charles County Mo

MOTHER

15. MAIDEN NAME Catherine Tyson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Charles County Mo

17. INFORMANT (ADDRESS) Mrs Martell Doolague St Charles County Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Bothwell Mo **DATE** Oct 1st 1936

19. UNDERTAKER (ADDRESS) J. B. Doolague & Sons Co 260 N 2nd St Charles Mo

20. FILED 10/1 36 Clarence H. Neuber Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 28th 1936

22. I HEREBY CERTIFY, That I attended deceased from May 1934, 1934, to Sept 28th 1936, 1936.
 I last saw him alive on Sept 28th 1936. Death is said to have occurred on the date stated above, at 12:30 p.m.
 The principal cause of death and related causes of importance were as follows:
Arteriosclerosis
 Date of onset May 1934

Other contributory causes of importance: AM

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) J. L. Anderson, M. D.
 (Address) St Charles 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.

