

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

Do not use this space.

43770

1. PLACE OF DEATH

County Boone Registration District No. 73
 Township Columbia Primary Registration District No. 3006
 City Columbia (No. Boone County Hospital) St. _____ Ward _____

File No. _____
 Registered No. 333
 St. _____ Ward _____

2. FULL NAME

Charles Ficklin Conway
 (a) Residence, No. 503 S 51st 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

MEDICAL CERTIFICATE OF DEATH

3. SEX M. 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) M.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 18 1936

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John W. Conway

22. I HEREBY CERTIFY, That I attended deceased from Nov. 25 1936 to Dec 17 1936

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 9-15-1865

I last saw her alive on Dec 17 1936 Death is said to have occurred on the date stated above, at 11 a.m.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 71 3 2

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

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 _____

Myocardial insufficiency
 Date of onset 11/25/36
Edmund

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Columbia Mo.

Other contributory causes of importance: MI

13. NAME Joseph Ficklin

Name of operation _____ Date of _____

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Harrodsburg Ky.

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

15. MAIDEN NAME Paullini Berrell

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19 _____

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Trenton Mo.

Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

17. INFORMANT Thos. A. Ficklin (ADDRESS) 57 Louis Mo.

Manner of injury _____ Nature of injury _____

18. BURIAL, CREMATION, OR REMOVAL PLACE Columbia Mo. DATE 12/19/36

24. Was disease or injury in any way related to occupation of deceased? No

19. UNDERTAKER Payson Prentiss Co. (ADDRESS) Columbia Mo.

If so, specify _____ (Signed) E. S. Berst, M. D.

20. FILED 12/19/36 Allie Selby Registrar.

(Address) Columbia

CAUSE OF DEATH IN plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Best

JAN 28 1937

