

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

Do not use this space.

47255

JAN 27 1987

1. PLACE OF DEATH

County Saline Registration District No. 796
 Township Primary Registration District No. 3038
 City Marshall (No. Fitz Gibbons Hosp) St. Ward)

2. FULL NAME

Henry Robertson Conway

(a) Residence, No. 873 South Odell 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 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 Martha Conway
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 24th, 1985
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
51 II 20

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Physician &
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Surgeon M.D.
 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) Marshall (STATE OR COUNTRY) Missouri

FATHER 13. NAME John Henry Conway
 14. BIRTHPLACE (CITY OR TOWN) Ray County (STATE OR COUNTRY) Missouri

MOTHER 15. MAIDEN NAME Cora Robertson
 16. BIRTHPLACE (CITY OR TOWN) Saline County (STATE OR COUNTRY) Missouri

17. INFORMANT Mr. Martha Conway (ADDRESS) Marshall, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Ridge Park DATE Dec. 16, 1986

19. UNDERTAKER P. D. Campbell (ADDRESS) Marshall, Mo.

20. FILED Dec. 16, 1986 Helen Huston Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 14, 1986

22. I HEREBY CERTIFY, That I attended deceased from Dec. 2, 1986 to Dec 14, 1986
 I last saw him alive on Dec 14, 1986 Death is said to have occurred on the date stated above, at 10:30 p.m.

The principal cause of death and related causes of importance were as follows:
Previous Coronary Artery Disease 1933
hypertensive heart disease years
Coronary sclerosis

Other contributory causes of importance:
chronic passive congestion

Name of operation None Date of X
 What test confirmed diagnosis? Clinical Was there an autopsy? X

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? X Date of injury X, 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 none

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify
 (Signed) H. M. H. M. D.
 (Address) Marshall, Mo

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.

