

MAR 13 1937

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

Do not use this space.

6629

1. PLACE OF DEATH

County JacksonRegistration District No. 399File No. 2620Township RauPrimary Registration District No. 1002Registered No. 2620City Kansas City(No. St. Vincent's Hospital St. Ward)2. FULL NAME Howard Allen Conaway(a) Residence, No. St. Ward Raymore, 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

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) infant5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 20, 19377. AGE YEARS MONTHS DAYS 5 If LESS than 1 day, hrs. min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. infant9. 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) St. Vincent's Hospital
(STATE OR COUNTRY) Kansas City, Mo13. NAME H. L. Conaway14. BIRTHPLACE (CITY OR TOWN) Kansas
(STATE OR COUNTRY)15. MAIDEN NAME Lurilla Campbell16. BIRTHPLACE (CITY OR TOWN) Missouri
(STATE OR COUNTRY)17. INFORMANT Mr. Harry Campbell
(ADDRESS)18. BURIAL, CREMATION, OR REMOVAL
PLACE Raymore, Mo. DATE 2/27 193719. UNDERTAKER B. K. Gump & Sons
(ADDRESS) Bellaire, Mo20. FILED 2/26 1937 M. M. Corowel
Registrar.21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2/25 193722. I HEREBY CERTIFY, That I attended deceased from 2-20 1937 to 2-25 1937I last saw him alive on 2-25 1937. Death is saidto have occurred on the date stated above, at 9 p. m.

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

Prematurity

Date of onset

Other contributory causes of importance

Spastic PylorusName 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) Geo F. Denton, M. D.(Address) 933 Prof. Bldg.

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

