

APR 22 1937

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

Do not use this space.

1. PLACE OF DEATH

County Madison
Township Path
City Roselle (No. _____)

Registration District No. 538
Primary Registration District No. 5729

File No. 12575
Registered No. 16
St. _____ Ward _____

2. FULL NAME

Louinda Conway

(a) Residence, No. _____ 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 Female 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 20 1937

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

22. I HEREBY CERTIFY, That I attended deceased from March 10, 1937 to March 20, 1937

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 11th 1847

I last saw her alive on 19 35, 19____. Death is said

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
89 90 1 10

to have occurred on the date stated above, at _____ m.
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. House Keeping

Chronic bronchitis Date of onset _____

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 _____

Other contributory causes of importance: Influenza

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tennessee

13. NAME Dora Know

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dick. Know

15. MAIDEN NAME Dora Know

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dora Know

17. INFORMANT Mr. Jno Sample (ADDRESS) Frankforton Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE Roselle DATE March 22, 1937

19. UNDERTAKER S. C. Bond (ADDRESS) Frankforton Mo.

20. FILED March 21, 1937 S. C. Slaughter Registrar.

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? No

If so, specify _____ (Signed) Harry Besson, M. D.

(Address) Frankforton Mo

Ray E. B. Chwancz

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.

