MAY 18 1937

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

Do not use this space.

File No. 15797
Registered No. 502

85

1. PLACE OF DEATH
County Buchanan, Registration District No.
Township Primary Registration District No. 1001
City St. Joseph, (No. 1107 Church, St. Ward)

2. FULL NAME Maurice Joseph Conway,
(a) Residence, No. 1107 Church St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 68 yrs. 0 mos. 19 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): Widowed,

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 6, 1869

7. AGE: Years 68 | Months 0 | Days 19 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Credit Manager,
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Wholesale Dry Goods
10. Date deceased last worked at this occupation (month and year) April 1932
11. Total time (years) spent in this occupation 5

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Saint Joseph, Missouri,

FATHER
13. NAME Patrick Conway,
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Limerick, Ireland,

MOTHER
15. MAIDEN NAME Catherine Moroney,
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown, Ireland,

17. INFORMANT Mrs Charles Bossemeyer
(ADDRESS) 1107 Church Street,

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt. Olivet Cem. DATE April 28, 1937

19. UNDERTAKER Heaton-Bryce & Bowman
(ADDRESS) 519 So. 10th. Street, Tucker Home

20. FILED Apr 27, 1937 F J Kettefish Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 25, 1937

22. I HEREBY CERTIFY, That I attended deceased from March 31 - 1937, to April 15, 1937
I last saw him alive on April 15, 1937. Death is said to have occurred on the date stated above, at 7:00 a.m. Hour Known
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis with Arterio-sclerosis	Unknown
	Known

Other contributory causes of importance: None

Name of operation None Date of
What test confirmed diagnosis? None Was there an autopsy? No

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) Henry Thornton, M. D.
(Address) St Joseph 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.