

SEP 24 1937

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

Do not use this space.

31691

1. PLACE OF DEATH

County St Charles
Township Portage De Sioux
City Portage De Sioux No. Portage

Registration District No. 756
Primary Registration District No. 4454

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

2. FULL NAME

Mrs Emma Conroy
(a) Residence, No. Portage De Sioux St. _____ Ward _____
(Usual place of abode) St Charles County Mo (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 White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 4th 1937

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Joseph Conroy

22. I HEREBY CERTIFY, That I attended deceased from May 2, 1937, to Aug 4th 1937

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 12th 1863

I last saw her alive on Aug 3rd 1937, 1937. Death is said to have occurred on the date stated above, at 12³⁰ a. m.

7. AGE YEARS 74 MONTHS 6 DAYS 22 IF LESS than 1 day,hra. ormin.

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

Date of onset 1936

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:

12. BIRTHPLACE (CITY OR TOWN) St Charles County Mo (STATE OR COUNTRY) Mo

13. NAME Peter Boschert

Name of operation none Date of _____

14. BIRTHPLACE (CITY OR TOWN) Germany (STATE OR COUNTRY)

What test confirmed diagnosis? clinical Was there an autopsy? no

15. MAIDEN NAME Dont know

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) Dont know (STATE OR COUNTRY)

Where did injury occur? _____ (Specify city or town, county, and State)

17. INFORMANT John Conroy (ADDRESS) Portage De Sioux

Specify whether injury occurred in industry, in home, or in public place.

18. BURIAL, CREMATION, OR REMOVAL PLACE St Louis laam DATE Aug 7th 1937

Manner of injury _____

Nature of injury _____

19. UNDERTAKER H. C. Dalrymple & Sons Co. (ADDRESS) St Charles Mo

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

20. FILED Aug 7 1937 C. A. Barnard Registrar

(Signed) C. A. Barnard, M. D.

(Address) Portage De Sioux 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.

