

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

Do not use this space.

35702

NOV 15 1937

1791  
21003

File No. \_\_\_\_\_  
Registered No. 9279  
St. \_\_\_\_\_ Ward \_\_\_\_\_

County \_\_\_\_\_ Registration District No. \_\_\_\_\_  
Township \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_  
City St. Louis, Mo. (No. Missouri-Pacific Hospital)

2. FULL NAME E. Eff Lonzo Conklin  
(a) Residence, No. 229 Brown St. NR Ward. Oswatomie, Kansas  
(Usual place of abode) (If nonresident, give city or town and State)  
Length of residence in city or town where death occurred yrs. 1 mos. 29 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Velma Conklin</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>January 21st, 1894</u>		
7. AGE YEARS <u>43</u>	MONTHS <u>8</u>	DAYS <u>11</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Fireman</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Mo-Pacific RR</u>		
10. Date deceased last worked at this occupation (month and year) <u>April 20, 1937</u>		11. Total time (years) spent in this occupation <u>14 Yrs.</u>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>		
13. NAME (Unknown) <u>Conklin</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>		
15. MAIDEN NAME <u>Anna (Unknown)</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>		
17. INFORMANT <u>Mrs Velma Conklin</u> (ADDRESS) <u>Oswatomie, Kansas</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Oswatomie, Kan.</u> DATE <u>October 4, 1937</u>		
19. UNDERTAKER <u>Albert H. Hoppe Inc.,</u> (ADDRESS) <u>429 N. Euclid Avenue</u>		
20. <u>OCT 4 1937</u> Registrar <u>J. Bredeck</u>		

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 2, 1937

22. I HEREBY CERTIFY, That I attended deceased from 8-3, 1937, to 10-2, 1937.  
I last saw him alive on 10-2, 1937 Death is said to have occurred on the date stated above, at 12:30 m.  
The principal cause of death and related causes of importance were as follows:  
Sub-diaphragmatic abscess left. cause unknown Date of onset 1936

Other contributory causes of importance:  
operation for abscess

Name of operation Rib resection Date of 9-14-37  
Exploratory laparotomy  
What test confirmed diagnosis? Yes Was there an autopsy? Yes

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) R. M. Shroy, M. D.  
(Address) Mo Pac Hospital.

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.

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1944-1945 99%

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