

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

Do not use this space.

JAN 10 1938

1. PLACE OF DEATH

County Jasper Registration District No. 416
 Township _____ Primary Registration District No. 4248
 City Sarcoxie (No. _____) St. _____ Ward _____

File No. 45721

Registered No. _____

2. FULL NAME Kemp Dale Yvelle Conway

(a) Residence, No. Sarcoxie, Missouri St. _____ Ward _____
 (Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) November 6, 1937

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
no 1 11

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sarcoxie Missouri

13. NAME D Y Conway

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lorton Oklahoma

15. MAIDEN NAME Mary Elizabeth Spillman

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lawrence County Missouri

17. INFORMANT (ADDRESS) X D Y Conway Sarcoxie, Missouri

18. BURIAL CREMATION OR REMOVAL PLACE Sarcoxie Cemetery DATE Dec. 18, 1937

19. UNDERTAKER (ADDRESS) Wm C Cole Sarcoxie, Missouri

20. FILED 12-17-37 Leroy Semmes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) December 17, 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov 6, 1937 to Dec 17, 1937

I last saw him alive on Dec 1, 1937 Death is said to have occurred on the date stated above, at 7:30 AM

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

Congenital heart disease (stenosis-aortic) Date of onset ?

Other contributory causes of importance: 1570

Premature birth

Name of operation _____ Date of _____

What test confirmed diagnosis? Obit 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) Leroy Semmes, M. D.

(Address) Sarcoxie, Mo.

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.

K7284

