

SEP 16 1938

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

Do not use this space.

1. PLACE OF DEATH

County Clarke  
Township Wagon  
City Alexandria (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

Registration District No. 189  
Primary Registration District No. 5263

File No. 28630  
Registered No. \_\_\_\_\_

2. FULL NAME

(a) Residence, No. Alexandria, Mo. St. \_\_\_\_\_ Ward \_\_\_\_\_

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 66 yrs. 11 mos. 19 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Lizzie Carpenter Conklin

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept. 12, 1871

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, or min. 66 11 19 19 hrs. min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

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) 6 yrs ago 11. Total time (years) spent in this occupation 2 yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Alexandria, Mo.

13. NAME P O

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) P Q

15. MAIDEN NAME P O

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ? I

17. INFORMANT Mrs. Grace Daughters (ADDRESS) Alexandria, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Francis Ch. Mo. DATE Sept. 23, 1938

19. UNDERTAKER W. W. Payne & Sons (ADDRESS) Memphis, Mo.

20. FILED Aug 31, 1938 W. H. C. Rebo Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 30, 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1934, to Aug 30, 1938. I last saw him alive on Aug 30, 1938. Death is said to have occurred on the date stated above, at 2:00 p.m.

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

Carcinoma of Stomach  
Other contributory causes of importance: Hypertension

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? \_\_\_\_\_

If so, specify \_\_\_\_\_ (Signed) W. A. S. Rebo, M. D.

(Address) Alexandria, Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED

District Health Officer No. 10

District File Number 10-38-37

Date Filed 9/14/38