DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 19 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 25796

Registration District No. 581 Primary Registration District No. 5778 Registrar's No.

9

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Monroe Monroe Tp

(b) ~~City or town~~ Rural
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Monroe City R F D
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 (Specify whether
In this community B'ops
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Monroe

(c) City or town Rural
(If outside city or town limits write "RURAL")

(d) Street No. Monroe City R.F.D.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? ..... years.

3. (a) PRINT FULL NAME THOMAS. CONBOY 510

3. (b) If veteran, name war No

3. (c) Social Security No. No.

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Anna Conboy

6. (c) Age of ~~husband or~~ wife if alive 58 years

7. Birth date of deceased November (Month) 21 (Day) 1864 (Year)

8. AGE: Years	Months	Days	If less than one day
75	8	10	hr. min.

9. Birthplace Augusta (City, town, or county) Ill. (State or foreign country) 1

10. Usual occupation retired farmer 1

11. Industry or business — 5

FATHER
12. Name Thomas Conboy 5
13. Birthplace (City, town, or county) Ireland (State or foreign country)

MOTHER
14. Maiden name Bright Ford
15. Birthplace (City, town, or county) Ireland (State or foreign country)

16. (a) Informant Anna Mary Conboy
(b) Address Monroe City, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug (Month) 2 (Day) 1940 (Year)
(c) Place: burial or cremation Holly Rory Cemetery

18. (a) Signature of funeral director WILSON & SON
(b) Address Monroe City Mo

19. (a) Aug 1, 1940 (Date received local registrar) (b) M. D. Pipkin (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 31 year 1940 hour 1 minute 40 P. M.

21. I hereby certify that I attended the deceased from May 27, 1940 to July 31, 1940 that I last saw him alive on July 29, 1940 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Heart failure	Instant
Due to Metastasis of the general blood stream	2
Due to Carcinoma of the face and neck	1 year or longer
Other conditions — (Include pregnancy within 3 months of death)	
Major findings: Of operations —	
Of autopsy —	

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) —
(b) Date of occurrence —
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? — (e) Means of injury —

513

23. Signature M. D. Pipkin (M. D. or other)
Address Monroe City Date signed 8-1-40

(Licensed Embalmer's Statement on Reverse Side)

52

RECEIVED
District Health Officer No. 10
District File Number 8-40-1502
Date Filed AUG 7 1940

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____, Registered Apprentice No. _____ working under my personal supervision.

Signed Leslie L. Nelson

Licensed Embalmer No. 3014

P. O. Address Monroe City Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 25-796

Registration District No. 281 Primary Registration District No. 0778 Registrar's No.

1. PLACE OF DEATH:
(a) County Monroe
(b) City or town Monroe T. P.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town
(If outside city or town limits write "RURAL")
(d) Street No. (If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Thomas Conboy
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced M
6. (b) Name of husband or wife
6. (c) Age of husband, or wife, if alive year

7. Birth date of deceased (Month) (Day) (Year)

8. AGE: Years 75 Months 8 Days 10 If less than one day hr. min.

9. Birthplace (City, town, or county) (State or foreign country)
10. Usual occupation
11. Industry or business
MOTHER FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)
16. (a) Informant
(b) Address
17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation
18. (a) Signature of funeral director
(b) Address
19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 31 year 1940 hour minute M.
21. I hereby certify that I attended the deceased from , 19, to , 19; that I last saw him alive on , 19; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Heart failure	
Due to: Metastasis of the general blood stream	2 yr
Due to: Carcinoma of the face and neck	2 yr
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations: Pressure site over region left face m. Mandible gland	
Of autopsy: Negative (53)	

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury

23. Signature W. D. Perkins (M. D. or other) M.D.
Address Sept 30 - 1940 Date signed
Monroe City, Mo.

SUPPLEMENTARY

USE OPAQUE BLACK INK—MAKE A PERMANENT RECORD