JUN 1 1928

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

Do not use this space.

9811

1. PLACE OF DEATH

County Marion — Registration District No. 5-48 — File No.

Township ~~Liberty~~ — Primary Registration District No. 4323 — Registered No. 20

City Palmyra (No. ..... St. ..... Ward)

2. FULL NAME Frank Conrad

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

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

5A. IF MARRIED, ~~WIDOWED, OR DIVORCED~~ HUSBAND OF ~~(OR) WIFE OF~~ Bertha May Conrad

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 9/19-1878

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
49	6	12	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Laboror
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Atwater
(STATE OR COUNTRY) Ohio

PARENTS

10. NAME OF FATHER Wm H. Conrad

11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Not Known

12. MAIDEN NAME OF MOTHER Syvella Stahl

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Not Known

14. INFORMANT Franklin M Conrad
(Address) Moscow Mo

15. FILED 4/3, 1928 S. Taufrod REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 31 1928

17. I HEREBY CERTIFY, That I attended deceased from Mch 26th, 1928, to Mch 31st, 1928 that I last saw him alive on Mch 30, 1928, and that death occurred, on the date stated above, at 6:00 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: Pneumonia-Lobar-
2.2 ft
100
(duration) ..... yrs. ..... mos. ..... ds.

31

CONTRIBUTORY (SECONDARY) Pulmonary t.b. probably.
(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? Dont know

DID AN OPERATION PRECEDE DEATH? No DATE OF .....

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Clinical

(Signed) W. C. Oneal, M. D

4/3, 1928 (Address) Palmyra Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Palmyra Mo — DATE OF BURIAL 4/3 1928

20. UNDERTAKER A M Sprague — ADDRESS Palmyra 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.

THIS IS A PERMANENT RECORD