

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

Do not use this space.

26330

1. PLACE OF DEATH

County Atchison
Township Watson
City Watson

Registration District No. 42
Primary Registration District No. 42

File No. _____
Registered No. _____
St. _____ Ward _____

2. FULL NAME

Catherine Rose Conrad

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

Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov 16 - 1850

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
67 8 25

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Illenoe
(STATE OR COUNTRY)

10. NAME OF FATHER Ossen Ross

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Unknown

12. MAIDEN NAME OF MOTHER Manda Hammer

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Unknown

14. INFORMANT (Address) George Conrad
Watson

15. FILED 8-16-1928 J. A. Gray REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 8-11-28

17. I HEREBY CERTIFY, That I attended deceased from July 31, 1928, to Aug 11, 1928, that I last saw alive on Aug 9, 1928, and that death occurred, on the date stated above, at 7 a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS

Ulcerative colitis

12 3/4 11 4 14 yrs. mos. da.

CONTRIBUTORY (SECONDARY) 11 4 B (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH: _____

Did an operation precede death? No DATE OF _____

Was there an autopsy? No

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) James A Gray, M. D.
(Address) Watson No

*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 Atchison County Mo DATE OF BURIAL 8-13 1928

20. UNDERTAKER Harry J Mansfield ADDRESS Lambert

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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