APR 30 1930

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

Do not use this space.

9993

1. PLACE OF DEATH

County St. Francois — Registration District No. 773 — File No.

Township " " — Primary Registration District No. 6018A — Registered No. 38

City Near Farmington (No. ..... St. ..... Ward)

2. FULL NAME Stanley Conran

(a) Residence. No. Near High Hill Mo. St., ... Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 0 yrs. 1 mos. 23 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	Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) February 5 - 1912

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, ... hrs. or ..... min.
	18	1	4	

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

9. BIRTHPLACE (CITY OR TOWN) High Hill
(STATE OR COUNTRY) Mo.

PARENTS

10. NAME OF FATHER Thomas B. Conran
11. BIRTHPLACE OF FATHER (CITY OR TOWN) High Hill
(STATE OR COUNTRY) Mo.
12. MAIDEN NAME OF MOTHER Cleona Mabel Kirk
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Middletown
(STATE OR COUNTRY) Mo.

14. INFORMANT Hospital Records.
(Address) Farmington State Hosp. No. 4

15. FILED 3-9, 1930 B J Robinson REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 9 1930

17. I HEREBY CERTIFY, That I attended deceased from January 14, 1930, to March 9, 1930 that I last saw him alive on March 9, 1930, and that death occurred, on the date stated above, at 5 30 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Syphilis of the Central Nervous System
34
(duration) yrs. 9 mos. ds.

CONTRIBUTORY (SECONDARY) Congenital Syphilis
(duration) yrs. mos. ds.

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? Clinical & Laboratory
(Signed) E. F. Hoctor, M. D.
, 19 (Address) Farmington, 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 Jonesburg Mo. — DATE OF BURIAL 3/12 1930

20. UNDERTAKER Stroot & Carroll — ADDRESS 4600 National Bridge St Louis 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.