

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.

AUG 27 1932

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

Do not use this space.

21621

1. PLACE OF DEATH
 97 County Saline Registration District No. 798
 Township Blackwater Primary Registration District No. 6042
 City No. St. Ward

2. FULL NAME Willard Herschel Condron
 (a) Residence, No. St. Ward. (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 9-1911

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<u>20</u>	<u>7</u>	<u>20</u>	

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Milling Station

10. Date deceased last worked at this occupation (month and year) 6-1932 Total time (years) spent in this occupation life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pleasant Hope, Pa

MOTHER

13. NAME William M. Condron

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Vallas, Pa

15. MAIDEN NAME Ura J. McFall

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Poke, Pa

17. INFORMANT W. M. Condron (ADDRESS) 114 S. 1st St. Ma

18. BURIAL, CREMATION, OR REMOVAL PLACE New Hope DATE July 11 1932

19. UNDERTAKER W. C. Westcott (ADDRESS) Hartsville, Pa

20. FILED 7/5 1932 Wm. Hall Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 29, 1932

22. I HEREBY CERTIFY That I attended deceased from June 24, 1932 to June 29, 1932
 last saw him alive on June 29, 1932 Death is said to have occurred on the date stated above, at 6:00 a.m.
 The principal cause of death and related causes of importance were as follows:
Double Pneumonia Date of onset
Probably mixed type of influenza
150
 Other contributory causes of importance: 108 D

Name of operation Date of
 What test confirmed diagnosis? Was there an autopsy? No

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? No
 If so, specify C. D. Proxell M. D.
 (Signed) Sawwood Ma,
 (Address)

