

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

Do not use this space.

1. PLACE OF DEATH
 County St. Francois Registration District No. 773
 Township Pendleton Primary Registration District No. 602.3
 City (No. _____) St. _____ Ward _____

2. FULL NAME Elizabeth 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 7 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

10217

File No. _____

Registered No. 54

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>F</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct 29 - 1839</u>		
7. AGE	YEARS <u>94</u>	MONTHS <u>4</u>
	DAYS <u>23</u>	If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>House Keeper</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____	
	10. Date deceased last worked at this occupation (month and year) _____	11. Total time (years) spent in this occupation _____
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Boonville, Co. Mo.</u>		
MOTHER	13. NAME <u>David R. Conrad</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>John Co. N.C.</u>	
	15. MAIDEN NAME <u>Mary Boonville</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Boonville Co.</u>	
17. INFORMANT <u>Francis Gideon</u> (ADDRESS) <u>Box 1000</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>White water Mo.</u> DATE <u>3/24 - 1934</u>		
19. UNDERTAKER <u>Funeral Home Co</u> (ADDRESS) <u>Funeral Home Co</u>		
20. FILED <u>March 24, 1934</u> <u>Paul Robinson</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/24 - 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 31, 1931, to March 24, 1934.
 I last saw her alive on Oct 25, 1930. Death is said to have occurred on the date stated above, at 9:55A m.
 The principal cause of death and related causes of importance were as follows:
General Senility
General Arterio Sclerosis
 Other contributory causes of importance: _____

Name of operation Amputation Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____

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?
 If so, specify _____
 (Signed) Paul Robinson, M. D.
 (Address) Boonville, Mo.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

