

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

Do not use this space.

OCT 17 1934

32992
4330

1. PLACE OF DEATH

County Jackson
Township Jefferson
City Kansas City (No. General Hospital)

Registration District No. 399
Primary Registration District No. 1308

File No.
Registered No.
St. Ward)

2. FULL NAME

(a) Residence, No. 1332 Forest St., Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (<u>write the word</u>) <u>widowed</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>UNKNOWN</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>unknown</u>				
7. AGE	YEARS <u>75</u>	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Pepper</u>			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>UNKNOWN</u>			
	10. Date deceased last worked at this occupation (month and year).....		11. Total time (years) spent in this occupation.....	
MOTHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Spain</u>			
	13. NAME <u>George Conrad</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ohio</u>			
	15. MAIDEN NAME <u>Elizabeth Duncan</u>			
FATHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Indiana</u>			
	17. INFORMANT <u>Richard Clark</u> (ADDRESS) <u>General Hospital</u>			
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>St. Joseph</u> DATE <u>9/25/34</u>				
19. UNDERTAKER (ADDRESS) <u>St. Joseph Hospital</u>				
20. FILED <u>9-25</u> 19 <u>34</u> <u>on on Crow</u> Registrar.				

MEDICAL CERTIFICATE OF DEATH

3

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-22- 1934

22. I HEREBY CERTIFY, That I attended deceased from 8-31- 1934 to 9-22- 1934
I last saw him alive on 9-22- 1934 Death is said to have occurred on the date stated above, at 10:15 P.M.
The principal cause of death and related causes of importance were as follows:
Pneumonia Date of onset
12/14
12/18
12/29 12/14

Other contributory causes of importance:
Preparatory illness following operation for hemorrhoids Date of 9-7-34
Name of operation hemorrhoidectomy
What test confirmed diagnosis?..... Was there an autopsy? yes

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) W. J. ... M. D.
(Address) St. Joseph Hosp.

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.

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