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

MAR 26 1935

Do not use this space.

5829

1. PLACE OF DEATH
County Johnson
Township Jackson
City
Registration District No. 427
Primary Registration District No. 5692
File No.
Registered No. 9
(No. , St. Ward)

2. FULL NAME Jacob Thomas Conard

(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 64 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 (write the word): Widower

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 19 - 1851

7. AGE: YEARS 83 | MONTHS 8 | DAYS | If LESS than 1 day, hrs. or min.

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

2 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) N. Carolina

FATHER
13. NAME Thomas Conard
2 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) N. Carolina

MOTHER
15. MAIDEN NAME Dont Know
31 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) " "

17. INFORMANT (ADDRESS) R. W. Conard Holden Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Jacoby Chapel Cemetery DATE Feb 22, 1935

19. UNDERTAKER (ADDRESS) T. W. Goodman Holden Mo

20. FILED Feb 22, 1935 S. A. Murray, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 20, 1935

22. I HEREBY CERTIFY, That I attended deceased from 2-19-, 1935, to 2-20, 1935
I last saw him alive on 2-19-, 1935. Death is said to have occurred on the date stated above, at 10:45 P.m.
The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis
Congestion Pneumonia

Date of onset

Other contributory causes of importance:

108

Name of operation none Date of
What test confirmed diagnosis? Physical 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? No
If so, specify
(Signed) R. F. McKinney, M. D.
(Address) Warrensburg, Mo