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

Do not use this space.

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1. PLACE OF DEATH
County: Jackson — Registration District No.: 399
Township: Grand — Primary Registration District No.: 1007
City: Kansas City, Mo. (No.) Research Hospital (St.) (Ward)

File No.
Registered No.

2. FULL NAME: Babe Conard.
(a) Residence, No.: Oak Grove, Mo. St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 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): Babe.
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): May 14 1935
7. AGE — YEARS — MONTHS — DAYS — If LESS than 1 day, 1½ hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None
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): Kansas City, Missouri

FATHER
13. NAME: Carl Conard.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Texas

MOTHER
15. MAIDEN NAME: Rachel Irene Church
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Oak Grove Mo.

17. INFORMANT: Carl Conard
(ADDRESS): Oak Grove Mo
18. ~~BURIAL~~, CREMATION, ~~OR REMOVAL~~
PLACE: Kansas City, Mo. DATE: 5-14-1935
19. UNDERTAKER: None
(ADDRESS)
20. FILED: May 17, 1935 M. M. Crowe
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): May 14, 1935

22. I HEREBY CERTIFY, That I attended deceased from May 14, 1935, to May 14, 1935
I last saw him alive on May 14, 1935. Death is said to have occurred on the date stated above, at 1 P. m.
The principal cause of death and related causes of importance were as follows:

Premature — Date of onset

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Other contributory causes of importance:

Name of operation: Caesarean Section — Date of: 5-14-35
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) Robert L. Leland, M. D.
(Address) 203 Medical Arts Bldg.

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.

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

[illegible]