

OCT 17 1935

# MISSOURI STATE BOARD OF HEALTH

## BUREAU OF VITAL STATISTICS

### CERTIFICATE OF DEATH

Do not use this space.

25563

## 1. PLACE OF DEATH

County BollingerTownship WhitewaterCity SedgewickvilleRegistration District No. 70Primary Registration District No. 5409

File No. ....

Registered No. ....

St. .... Ward)

## 2. FULL NAME

(a) Residence, No. ....

(Usual place of abode)

St. .... Ward. ....

(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<br><u>M.</u>                                                                              | 4. COLOR OR RACE<br><u>white</u> | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)<br><u>married</u> |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF<br><u>Gertrude N. Miller Conrad</u> |                                  |                                                                             |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR)<br><u>18 June 3rd 1861</u>                               |                                  |                                                                             |
| 7. AGE                                                                                           | YEARS                            | MONTHS                                                                      |
|                                                                                                  | <u>74</u>                        | <u>2</u>                                                                    |
|                                                                                                  |                                  | DAYS                                                                        |
|                                                                                                  |                                  | <u>25</u>                                                                   |
|                                                                                                  |                                  | IF LESS than 1 day, ..... hrs. or ..... min.                                |

|            |                                                                                                              |
|------------|--------------------------------------------------------------------------------------------------------------|
| OCCUPATION | 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.<br><u>millen</u> |
|            | 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.<br><u>millen</u>          |
|            | 10. Date deceased last worked at this occupation (month and year)<br><u>Sept 17 30</u>                       |
|            | 11. Total time (years) spent in this occupation<br><u>63</u>                                                 |

|        |                                                                         |
|--------|-------------------------------------------------------------------------|
| FATHER | 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)<br><u>Fruitland Mo</u> |
|        | 13. NAME<br><u>Peter R. Conrad</u>                                      |
|        | 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)<br><u>Albion Mo</u>    |

|        |                                                                             |
|--------|-----------------------------------------------------------------------------|
| MOTHER | 15. MAIDEN NAME<br><u>Anna Nugent</u>                                       |
|        | 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)<br><u>Perry County, Mo</u> |
|        | 17. INFORMANT (ADDRESS)<br><u>Mr. Valerius Smith Sedgewickville Mo</u>      |

|                                                             |
|-------------------------------------------------------------|
| 18. BURIAL, CREMATION, OR REMOVAL                           |
| PLACE <u>Sedgewickville</u> DATE <u>Aug 31</u> 19 <u>35</u> |

|                                                                      |
|----------------------------------------------------------------------|
| 19. UNDERTAKER (ADDRESS)<br><u>Crane &amp; Co. Miller Jackson Mo</u> |
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|                                                                      |
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| 20. FILED <u>Aug 30</u> 19 <u>35</u> <u>Edw. C. Ellis</u> Registrar. |
|----------------------------------------------------------------------|

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 28 193522. I HEREBY CERTIFY, That I attended deceased from Nov 12 1934 to Aug 28 1935Last saw him alive on Aug 28 1935 Death in saidto have occurred on the date stated above, at 4:30 p.m.

The principal cause of death and related causes of importance were as follows:

Cerebral Apoplexy

Other contributory causes of importance:

Myocarditis, Heart block, Hypertension, Arterio-sclerosisName of operation V Date of VWhat test confirmed diagnosis? V Was there an autopsy? V

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? V Date of injury V 1935Where did injury occur? V (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury VNature of injury V24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Arthur M. Estes M. D.(Address) Jackson Mo

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