

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

Do not use this space.

35456

DEC 17 1935

1. PLACE OF DEATH
 County Chariton Registration District No. 169
 Township Brunswick Primary Registration District No. 4099
 City Brunswick (No. 5235) St. _____ Ward)

File No. _____
 Registered No. 45

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

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</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>January 5 - 1914</u>		
7. AGE	YEARS <u>21</u>	MONTHS <u>10</u>
	DAYS <u>6</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>Housewife</u>	11. Total time (years) spent in this occupation
	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)	
FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Brunswick Mo</u>	
	13. NAME <u>Elijah Conrad</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Chariton Co Mo</u>	
MOTHER	15. MAIDEN NAME <u>Mary F. Reese</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Brunswick Mo</u>	
17. INFORMANT <u>Elijah Conrad</u> (ADDRESS) <u>Brunswick Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Brunswick</u> DATE <u>Nov. 14</u> 19 <u>35</u>		
19. UNDERTAKER <u>J. W. Haessner</u> (ADDRESS) <u>Brunswick Mo</u>		
20. FILED <u>Nov. 12</u> 19 <u>35</u> <u>Harry E. Totem</u> Registrar		

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 11 1935

22. I HEREBY CERTIFY, That I attended deceased from Nov 7th 1935 to Nov 11 1935
 I last saw her alive on Nov 11 1935 Death is said to have occurred on the date stated above, at 12:30 p.m.
 The principal cause of death and related causes of importance were as follows:
Septic pneumonia Date of onset Nov 5
Laryngeal diphtheria
 Other contributory causes of importance:
none Name of operation none Date of _____
 What test confirmed diagnosis? Clinical Was there an autopsy? no

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) Harry E. Totem, M. D.
 (Address) Brunswick Mo

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

