

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.

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

Do not use this space.

JAN 16 1936

39155

1. PLACE OF DEATH
 County Brunswick Registration District No. 290
 Township Salmon Primary Registration District No. 5408
 City (No.) St. Ward

2. FULL NAME Anna Lee Conrad
 (a) Residence, No. St. Ward
 (Usual place of abode)
 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. (If nonresident, give city or town and State)

File No.
 Registered No. 83

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF single

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 25, 1918

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>17</u>	<u>3</u>	<u>28</u>	

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. X

10. Date deceased last worked at this occupation (month and year) X 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Allianna, Mo

FATHER

13. NAME Dave R Conrad

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Allianna, Mo

MOTHER

15. MAIDEN NAME Ella P Robinson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Patton, Mo

17. INFORMANT (ADDRESS) Dave R Conrad, Smith, Mo 0-2

18. BURIAL, CREMATION, OR REMOVAL PLACE Patton, Mo DATE Dec 15 1936

19. UNDERTAKER (ADDRESS) M. Daniel Thompson, Patton, Mo

20. FILE NO. 6 136 AD Medical
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 13, 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1935 to Dec 13, 1935
 I last saw her alive on Dec 11, 1935 Death is said to have occurred on the date stated above, at 1:30 P.M.
 The principal cause of death and related causes of importance were as follows:
well compensated heart
rheumatism
 Date of onset 9/1/35

Other contributory causes of importance 1931

Name of operation none Date of
 What test confirmed diagnosis? 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
 (Signed) Paul Baldwin, M. D.
 (Address)

