

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.

MAY 15 1937 MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County Jackson Registration District No. 379
Township Jean Primary Registration District No. 1002
City Kansas City (No. K C Gen. Hosp.) St. _____ Ward _____

File No. 15017
Registered No. 1563
St. _____ Ward _____

2. FULL NAME

William H. Conant
(a) Residence, No. 1229 Bennington S. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 6 yrs. 0 mos. 0 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX m. 4. COLOR OR RACE w. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 7-16-1858

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
80 8 14

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) Mich.13. NAME Wm H. Conant14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Canada15. MAIDEN NAME Mary Johnson16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Canada17. INFORMANT Peurda Clark
(ADDRESS) K C Gen Hosp 120018. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Wash DATE 4-2 193719. UNDERTAKER Ch Blackman
(ADDRESS) _____20. FILED Apr 1 1937 M. M. Conant
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-20 193622. I HEREBY CERTIFY, That I attended deceased from 3-23, 1936, to 3-20, 1936I last saw him alive on 3-20, 1936 Death is saidto have occurred on the date stated above, at 9:45 PM

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

Carcinoma of Bladder Date of onset _____

Other contributory causes of importance:

Bilateral Broncho-pneumonia

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? Yes23. 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) P. H. De Maria, M. D.(Address) K C Gen Hosp 1200

