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.

JUN 12 1937

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

Do not use this space.

19174

1. PLACE OF DEATH

County Jackson — Registration District No. 399 — File No. 19174

Township Kaw — Primary Registration District No. 1002 — Registered No. 2388

City Kansas City (No. 5111 Wyandotte 2 St. Ward)

2. FULL NAME Mrs. Maurine Conrad

(a) Residence, No. 5111 Wyandotte St., Ward. (If nonresident, give city or town and State)
(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.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: female
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Robert Conrad

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Sept. 9, 1913

7. AGE: 25 — YEARS: 23 — MONTHS: 8 — DAYS: 16 — If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Stenographer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Gen'l Motors
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation: 1 yr.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mo.

FATHER

13. NAME: Joseph R. Meadows
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mo.

MOTHER

15. MAIDEN NAME: Irene Miller
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mo.

17. INFORMANT (ADDRESS): Robert Conrad 5111 Wyandotte

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Mt. Moriah DATE: May 27 1937

19. UNDERTAKER (ADDRESS): D. W. Newcomer's Sons, Brushcreek & Paseo

20. FILED: May 26 1937 M. M. Crowe, Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): May 25, 1937

22. I HEREBY CERTIFY, That I attended deceased from May 15, 1937, to May 25, 1937
I last saw her alive on May 25, 1937. Death is said to have occurred on the date stated above, at 11:42A m.
The principal cause of death and related causes of importance were as follows:

Bronchopneumonia — Date of onset

107a

Other contributory causes of importance: none

Name of operation: none — Date of: ✓
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? no — Date of injury ....., 19....
Where did injury occur? no (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) M. T. Jewell, M. D.
(Address) 818 Rialto Bldg

Rialto Bldg.