

REC'D APR 23 1938

MISSOURI STATE BOARD OF HEALTH

3 BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

9668

Do not use this space.

1. PLACE OF DEATH

- (a) County Jackson Registration District No. 399
 (b) Township Kaw Primary Registration District No. 1002 Registered No. 1133
 (c) City Kansas City (d) Street No. Nat. Fidelity Life Bldg. - 10th & Walnut St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred 38 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Henry S. Conrad 563

- (a) Residence, No. 1217 West 59th St. St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) <u>Wife</u> <u>Mrs. Minnie W. Conrad</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug. 25, 1874</u>		
7. AGE	YEARS <u>63</u>	MONTHS <u>6</u>
	DAYS <u>16</u>	If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.	
	9. Industry or business in which work was done, as saw mill, bank, etc. <u>Attorney</u>	
	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)	<u>Missouri</u>	
FATHER	13. NAME <u>William H. Conrad</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Pennsylvania</u>	
MOTHER	15. MAIDEN NAME <u>Susan F. London</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Illinois</u>	
17. INFORMANT (ADDRESS)	<u>Mrs. Minnie Conrad</u> <u>1217 West 59th St.</u>	
18. BURIAL, CREMATION, OR REMOVAL PLACE	<u>Mt. Moriah</u> DATE <u>Mar. 14, 1938</u>	
19. FUNERAL DIRECTOR (ADDRESS)	<u>Freeman Mortuary & Chapel</u> <u>Kansas City, Mo.</u>	
20. FILED	<u>Mar 13, 1938</u> <u>M. M. Brown</u> Local Registrar.	

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 11, 1938 1938

22. I HEREBY CERTIFY, That I attended deceased from Wed, 1935, to Wed 11, 1938.
 I last saw him alive on Wed 11, 1938. Death is said to have occurred on the date stated above, at 7:30 P. m.
 The principal cause of death and related causes of importance were as follows:
Pericardial Heart muscle
Coronary Occlusion
 Date of onset 1935

Other contributory causes of importance:

Name of operation..... 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? 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 Coronary Occlusion, M. D.
 (Signed) W. M. Brown
 (Address) 1217 West 59th St.

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.

