

DEPT. SEP 13 1938

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. 399
Township Kaw Primary Registration District No. 1002
City Kansas City (No. 11 St. Joseph Hosp.) St. 51 Ward Conrad, Dr. C. L.

28075

File No. _____
Registered No. 2386
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. Pleasant Hill, Mo. 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)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 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 Ethel Lambert Conrad

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 11, 1881

7. AGE YEARS 57 MONTHS 2 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. Doctor

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 19.9

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Prairie Hill Mo

MOTHER 13. NAME William H. Conrad

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lebanon Mo

MOTHER 15. MAIDEN NAME Sue Jordan

FATHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ka

17. INFORMANT (ADDRESS) Miss Sue Worsheall

18. BURIAL, CREMATION, OR REMOVAL PLACE Pleasant Hill DATE Aug 29, 1938

19. UNDERTAKER (ADDRESS) Brownfield & Co.

20. FILED Aug 27, 1938 M. M. Browne Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 27, 1938

22. I HEREBY CERTIFY, That I attended deceased from Aug 24, 1938 to Aug 27, 1938
I saw him alive on Aug 26, 1938 Death is said to have occurred on the date stated above, at 8:28 Am.
The principal cause of death and related causes of importance were as follows:

Cerebral hemorrhage Date of onset 8/24/38
5665

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 Free and lance from head
Nature of injury against automobile

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify _____
(Signed) James Neal M. D.
(Address) 736 Argyle Rd

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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

28078
Do not use this space.

PLACE OF DEATH

(a) County Jackson Registration District No. _____
 (b) Township _____ Primary Registration District No. _____
 (c) City K. C. (d) Street No. _____ 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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registered No. 3286

PRINT FULL NAME

Dr. Carl London Conrad Carl London
 (a) Residence, No. _____ St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED W

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
57 2 16

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.
 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)

FATHER
 13. NAME

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

MOTHER
 15. MAIDEN NAME

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE

19. FUNERAL DIRECTOR (ADDRESS)

20. FILED 8/27 1938 M. J. Brown Local Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 27 1938

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.

I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.

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

Date of onset

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?
 If so, specify _____

(Signed) Paul Neal M. D.
 (Address) 736 Argyle Bldg
K. C.

SUPPLEMENTARY

1938
S-28075