

REC'D MAY 22 1939

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

16019

Do not use this space.

1. PLACE OF DEATH

(a) County St. Francois ³ Registration District No. 773
 (b) Township St. Francois Primary Registration District No. 6078A Registered No. 71
 (c) City Near Farmington ¹ (d) Street No. State Hospital No. 4 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.

2. PRINT FULL NAME ⁵⁶³ MILDRED CONARDY

(a) Residence, No. Crystal City, Mo. 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 Female 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

Single6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 3-7-1895

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
44 1 15

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. None
 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) Ste. Genevieve,
(STATE OR COUNTRY) Missouri13. NAME William Conardy ⁰14. BIRTHPLACE (CITY OR TOWN) Tennessee ¹
(STATE OR COUNTRY)15. MAIDEN NAME Cora Reeder ⁰16. BIRTHPLACE (CITY OR TOWN) Missouri
(STATE OR COUNTRY)17. INFORMANT Records of State Hospital No. 4
(ADDRESS) Farmington, Mo.18. BURIAL, CREMATION, OR REMOVAL 1
PLACE Festus, Mo. DATE 4-23, 193919. FUNERAL DIRECTOR (NAME) Eleuan Province
(ADDRESS) Festus, Mo.20. FILED April 23, 1939 V. S. Robinson 699 (Address) Farmington, Mo.
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-22, 193922. I HEREBY CERTIFY, That I attended deceased from 1-1, 1939, to 4-22, 1939I last saw her 4-22, 1939. Death is said to have occurred on the date stated above, at 10:35 A.M.

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

Pulmonary tuberculosis.

Date of onset

Other contributory causes of importance:

Name of operation None Date of
What test confirmed diagnosis? X-Ray Was there an autopsy? no23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no Date of injury, 1939Where 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 None

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? NoIf so, specify (Signed) Jos. R. Muehle, M. D.Farmington, Mo.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by: _____

_____, Registered Apprentice No. _____
working under my personal supervision.

Signed Eleanor Prorice

Licensed Embalmer No. 3403

P. O. Address Festus mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.