

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

Do not use this space.

1939 AUG 12 1939

1. PLACE OF DEATH

County Cape Girardeau  
Township " "  
City Camden (No. 563)

Registration District No. St. Francis 121  
Primary Registration District No. 3009

File No. 25261  
Registered No. 249  
St. " " Ward " "

2. FULL NAME

(a) Residence, No. Bedsquisville St., Bedsquisville Mo Ward Bedsquisville Mo  
(Usual place of abode) (If nonresident, give city or town and State)

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 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 Rosetta Conrad

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 29 - 1876

7. AGE YEARS 63 MONTHS 5 DAYS 12 If LESS than 1 day, ..... hrs. or ..... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer  
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) Bedsquisville Mo.

13. NAME Alfred Conrad

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

15. MAIDEN NAME E. Elizabeth Martle

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

17. INFORMANT Vernie Conrad (ADDRESS) Bedsquisville Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Bedsquisville Mo. DATE 7/11/39

19. UNDERTAKER Seabough Fun. Home (ADDRESS) Camden Mo.

20. FILED 7-10-39 J. M. Hampstead Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 10 1939

22. I HEREBY CERTIFY That I attended deceased from July 8 1939 to July 10 1939  
I last saw him alive on July 10 1939 Death is said to have occurred on the date stated above, at 11 A. M.

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

Acute Myocarditis  
Myocarditis  
125  
Date of onset 12/5 7/10/39

Other contributory causes of importance:

Gramic poisoning  
discovered by other attendants  
Name of operation " " Date of " "

What test confirmed diagnosis? Lab. 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) Frank J. [Signature], M. D.  
(Address) Cape Girardeau Mo.

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.

WHILE FILLING IN WITH OUTRADING INK—THIS IS A PERMANENT RECORD

16  
17

Was embalmed - By W.H. Estes # 8568  
Esp. Hix  
Mo.