

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.

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

Do not use this space.

REC JUL 17 1940

1. PLACE OF DEATH

County Ballinguer
Township 2
City 336 Central, Mo.

Registration District No. 69
Primary Registration District No. 5108

File No. 21177
Registered No. 21
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. Arabi, 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.

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>Infant</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Infant</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June 10, 1940</u>		
7. AGE YEARS <u>0</u>	MONTHS <u>0</u>	DAYS <u>0</u>
If LESS than 1 day, _____ hrs. or _____ min.		

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>0</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>0</u>
	10. Date deceased last worked at this occupation (month and year) <u>0</u>
	11. Total time (years) spent in this occupation <u>0</u>

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
Arabi, Mo.

FATHER	13. NAME <u>Daniel Webster Conder</u>
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Arabi, Mo.</u>
	15. MAIDEN NAME <u>Rosie Gestend Conder</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Arabi, Mo.</u>

MOTHER	17. INFORMANT (ADDRESS) <u>Daniel Webster Conder, Arabi, Mo.</u>
	18. BURIAL, CREMATION, OR REMOVAL <u>Buried</u>
	19. UNDERTAKER (ADDRESS) <u>Robert Campbell, Arabi, Mo.</u>
	20. FILED <u>726</u>

17. INFORMANT (ADDRESS)
Daniel Webster Conder, Arabi, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Buried DATE June 11, 1940

19. UNDERTAKER (ADDRESS)
Robert Campbell, Arabi, Mo.

20. FILED
726 1940 Mrs. Jake Berry
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 11, 1940

22. I HEREBY CERTIFY, That I attended deceased from June 10, 1940, to June 11, 1940.
I last saw him alive on June 10, 1940. Death is said to have occurred on the date stated above, at 2:55 A.M. 2:55 A.M.
The principal cause of death and related causes of importance were as follows:
Congenital Deformity

Date of onset 158

Other contributory causes of importance: 158

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? No

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 _____
(Signed) D. R. A. Smith, M.D.
70 (Address) P.O. Box 12 - Zalma, Mo.

