

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

Do not use this space.

42886

**1. PLACE OF DEATH**

County Stephens

Township William

City Essy

(No. \_\_\_\_\_)

Registration District No. 839

Primary Registration District No. 4510

File No. \_\_\_\_\_

Registered No. 41

St. \_\_\_\_\_

Ward \_\_\_\_\_

**2. FULL NAME**

Rolland Condict

(a) Residence. No. \_\_\_\_\_

St. \_\_\_\_\_

Ward. \_\_\_\_\_

(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**

M.

**4. COLOR OF SKIN**

White

**5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)**

Divorced

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

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

Mar 9-1896

**7. AGE**

YEARS

MONTHS

DAYS

If LESS than 1 day, \_\_\_\_\_ hrs. \_\_\_\_\_ min.

36

9

8

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work

Day Worker

(b) General nature of industry, business, or establishment in which employed (or employer)

237

(c) Name of employer

**9. BIRTHPLACE (CITY OR TOWN)**

Bornville, Ind.

(STATE OR COUNTRY)

**10. NAME OF FATHER**

Robert Philip Condict

**11. BIRTHPLACE OF FATHER (CITY OR TOWN)**

Ind.

(STATE OR COUNTRY)

**12. MAIDEN NAME OF MOTHER**

Lucie Rice

**13. BIRTHPLACE OF MOTHER (CITY OR TOWN)**

Ind.

(STATE OR COUNTRY)

**14.**

INFORMANT

(Address)

Arthur G. Condict

Essy, R. I.

**15.**

FILED

12-30-32

Dr. J. P. Brandon

REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

**16. DATE OF DEATH (MONTH, DAY AND YEAR)**

12-17-1932

**17.**

I HEREBY CERTIFY, That I attended deceased from Dec 17-, 1932, to Dec 17-, 1932 that I last saw him alive on Dec 17-, 1932, and that death occurred, on the date stated above, at 2:30 P.M.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Influenza

9-18-11 (duration) yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. \_\_\_\_\_

**CONTRIBUTORY (SECONDARY)**

Intestinal Regurgitation

(duration) yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. \_\_\_\_\_

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH

**19. DID AN OPERATION PRECEDE DEATH?**

No

WAS THERE AN AUTOPSY?

No

WHAT TEST CONFIRMED DIAGNOSIS?

Clinical

(Signed)

J. P. Brandon, M. D.

, 19

(Address)

Essy, Mo.

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

**19. PLACE OF BURIAL, CREMATION OR REMOVAL**

**DATE OF BURIAL**

Essy, Cenn.

12-18-1932

**20. UNDERTAKER**

**ADDRESS**

W. E. Davidson

Essy

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.

