

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.

25368

1. PLACE OF DEATH
103 County Stoddard Registration District No. 839
Township Beckham Primary Registration District No. 6101
City Beckham (No.) St. Ward

2. FULL NAME Hubert Case Condict
(a) Residence, No. One bet St. Ward
(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 M. 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Allice L. Condict
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 14 - 1893
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
40 3 5 72
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Teacher
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) Ind
13. NAME Hubert Condict
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ind
15. MAIDEN NAME Susie Rice
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ind
17. INFORMANT Allice L. Condict
(ADDRESS) Beckham, Mo.
18. BURIAL, CREMATION, OR REMOVAL PLACE Easy Crem. DATE July 7 - 1933
19. UNDERTAKER (ADDRESS) Chicago Undertaking Co
Beckham, Mo.
20. FILED 7-8-1933 J. P. Brandon
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 7, 1933
22. I HEREBY CERTIFY, That I attended deceased from July 2 - 1933 to July 7 - 1933
I last saw alive on July 6 - 1933 Death is said to have occurred on the date stated above, at 1:30 p. m.
The principal cause of death and related causes of importance were as follows:
Color Pneumonia Date of onset 6/30
1933 108
Other contributory causes of importance: Dysentery 33
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? no Date of injury
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) J. P. Brandon M. D.
(Address) Easy, Mo.

