MAY 15 1936

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

Do not use this space.

13991

1. PLACE OF DEATH
County Barton — Registration District No. 41
Township Osark — Primary Registration District No. 5067
City Liberal — (No. ..... St. ..... Ward)

File No. .....
Registered No. .....

2. FULL NAME Mrs. Susan Eugenia Conduit

(a) Residence, No. ..... St. 2nd Ward.
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	white	widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF (OR) WIFE OF Wayne Elvin Conduit

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 2 1854

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
~~81~~ 81	8	10	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
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) Kane, Ill.

FATHER
13. NAME James Gardiner
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

MOTHER
15. MAIDEN NAME (?) Parker
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) Fred G Conduit Liberal mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Lamar Mo DATE Apr 14 1936

19. UNDERTAKER (ADDRESS) Jay McDowell Liberal Mo.

20. FILED April 14 1936 F K Duell Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr 12 1936

22. I HEREBY CERTIFY, That I attended deceased from Apr 9 1936, to Apr 11 1936
I last saw her alive on Apr 11 1936. Death is said to have occurred on the date stated above, at 4:20 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Apoplexy	
Other contributory causes of importance:	

Name of operation 0 Date of 0
What test confirmed diagnosis? Hemiplegia Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? 0 Date of injury 0, 190
Where did injury occur? 0 (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury 0
Nature of injury 0

24. Was disease or injury in any way related to occupation of deceased? 0
If so, specify
(Signed) A J Eddleman, M. D.
(Address) Liberal, 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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

V.S. No. 2
100M-11-24-33