

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

Whisher
 Do not use this space.
31934

Aug 26 1936

1. PLACE OF DEATH

County Pettis
 Township.....
 City Sedalia

Registration District No. 668
 Primary Registration District No. 3039
 (No. Bothwell Hotel)

File No. 242
 Registered No. 668
 St. Ward)

2. FULL NAME Sidney Albert Condict

(a) Residence, No. 421 West 7th. 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 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 Birdie Condict

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 6, 1873

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
63 7 4

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Merchant

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) Mo.

FATHER 13. NAME W.S. Condict

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

MOTHER 15. MAIDEN NAME Eva Gregg

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

17. INFORMANT Mrs Birdie Condict
 (ADDRESS) Sedalia Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Crown Hill DATE Aug. 12, 1936

19. UNDERTAKER Gillespie Funeral Home
 (ADDRESS) Sedalia, Mo.

20. FILED 8-11- 1936 Jean Slack
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 10/36, 1936

22. I HEREBY CERTIFY, That I retired body deceased from Aug 10, 1936, to Oct 12, noon, 1936

I last saw h..... alive on....., 19..... Death is said to have occurred on the date stated above, at 11:45 a.m.

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

Coronary Pectoris
History of case from deceased's physician past two years, as well as history of heart-attack and appearance
 Other contributory causes of importance:
a) body confirms diagnosis

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) W. H. Whisher, Acting coroner, M. D.
 (Address) Sedalia, 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.

