

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

Do not use this space.

File No. **28980**
Registered No. _____
St. _____ Ward _____

1. PLACE OF DEATH

County Madaway
Township Parnell
City _____ (No. _____)

Registration District No. 626
Primary Registration District No. 437C

2. FULL NAME

Margaret Ellen Conrad
(a) Residence. No. _____ 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 Female 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 Harrison H. Conrad

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec. 10 - 1847

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
83 . 7. 25.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work House wife
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) Shannon Co. Mo.

10. NAME OF FATHER Noah Banks

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) England

12. MAIDEN NAME OF MOTHER Elizabeth Rosenbarger . 19 (Address) Marshall Mo.

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Stanton Va.

14. INFORMANT Mrs. Hiram Day
(Address) Parnell

15. FILED 8-5, 1931 Chas. E. Campbell
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug. - 4 - 1931

17. I HEREBY CERTIFY, That I attended deceased from Mar 1 1931, 1931, to Aug. 4, 1931, that I last saw h. e. alive on Aug. 13, 1931, and that death occurred, on the date stated above, at 7:49 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pneumonia
107A
106B (duration) yrs. mos. ds.

CONTRIBUTORY Chronic Bronchitis
(SECONDARY) (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH at home

DID AN OPERATION PRECEDE DEATH? No. DATE OF X

WAS THERE AN AUTOPSY? No.

WHAT TEST CONFIRMED DIAGNOSIS
(Signed) Hiram Day, M. D.

*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.

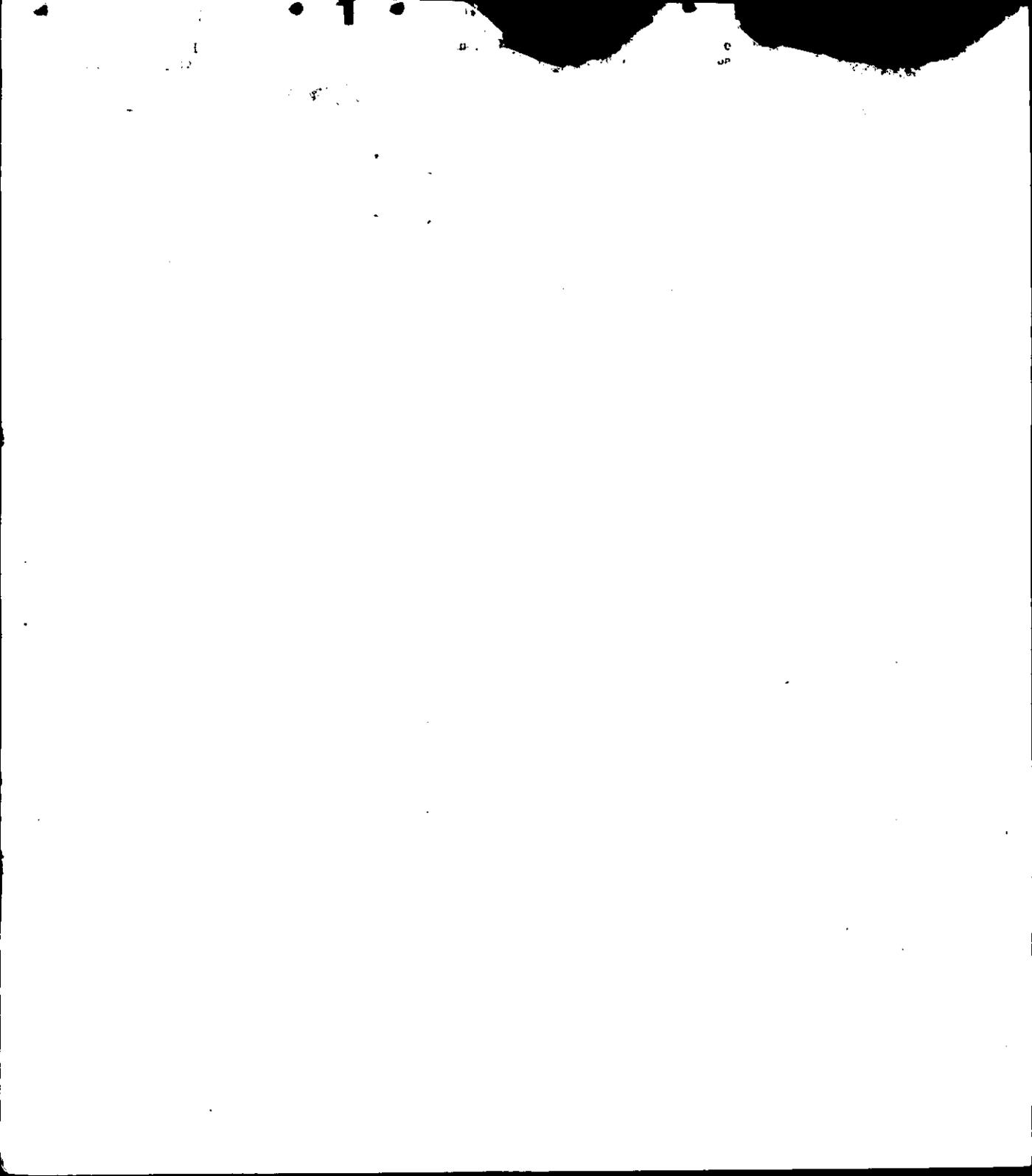
19. PLACE OF BURIAL, CREMATION, OR REMOVAL Parnell Mo DATE OF BURIAL Aug. 6 1931

20. UNDERTAKER Herman ADDRESS St Joseph Mo.

THIS IS A PERMANENT RECORD

PHYSICIANS should state EXACTLY. Exact statement of OCCUPATION is very important.

SEP 26 1931



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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Madawasky Registration District No. 626 File No.
 Township Primary Registration District No. 4376 Registered No.
 City Darnell (No.) St. Ward)

2. FULL NAME Margaret Ellen Conrad

(a) Residence No. St. Ward. (If nonresident give city or town and State)
 (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 F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) M

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work (duration) yrs. mos. ds.
 (b) General nature of industry, business, or establishment in which employed (or employer)
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

10. NAME OF FATHER

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY)

14. INFORMANT (Address)

15. FILED 10-5 1931 Chas Campbell REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 4 19 31

17. I HEREBY CERTIFY That I attended deceased from 19..... to 19..... that I last saw h. alive on 19....., and that death occurred, on the date stated above at m.

THE CAUSE OF DEATH WAS AS FOLLOWS:

Pneumonia, Bronchial
 (duration) yrs. mos. ds.
 CONTRIBUTORY Pharyngeal Bronchitis
 (SECONDARY) (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED 107A
 IF NOT AT PLACE OF DEATH?

DID AN OPERATION PRECEDE DEATH? Date of

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed), M. D.

, 19 (Address)

*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

19

20. UNDERTAKER ADDRESS

WRITE PLAIN, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—Every item of informants should be carefully supplied. All should be stated EXACTLY. PHYSICIAN CAUSE OF DEATH plain terms, so that it may be properly filed. Exact statement of OCCUPATION is NOT RECEIVE A FEE FOR CERTIFICATE UNTIL THEY ARE COMPLETE AS PRESCRIBED.

REGI.

SUPPLEMENTARY

1 - 28780