

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

Do not use this space.

37181

1. PLACE OF DEATH

County Marion
Township Liberty
City Palmyra (No. _____, St. _____ Ward)

Registration District No. 548.
Primary Registration District No. 4323.

File No. _____
Registered No. 65.

2. FULL NAME

Conrad Nill, Sr.

(a) Residence, No. Maine St. _____ Ward. _____

(Usual place of abode) Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

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 Amelia Gaizer Nill

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 19, 1868

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
65 9 13

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Baker
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Resturant
10. Date deceased last worked at this occupation (month and year) 1905 11. Total time (years) spent in this occupation 25

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

13. NAME George Nill

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

15. MAIDEN NAME No record

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

17. INFORMANT E. G. Nill (ADDRESS) Palmyra, Mo.

18. BURIAL, CREMATION OR REMOVAL PLACE Greenwood Cem. DATE 11/5/33 19.

19. UNDERTAKER Lewis Reed (ADDRESS) Palmyra, Mo.

20. FILED Nov. 4 1933 Bertrude Lee Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 2, 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct 1 1933 to Nov 2 1933

I last saw him alive on Nov 2 1933 Death is said to have occurred on the date stated above, at 2:30 p. m.

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

Diabetes Mellitus
Diabetes mellitus
Arteriosclerosis
Cerebrovascular

Other contributory causes of importance: _____

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

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) R. D. Koeber, M. D.
(Address) Hannibal 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.

NOV 10 1933

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