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

Do not use this space.

9873

File No.

Registered No. 28

APR 25 1934

1. PLACE OF DEATH

County Nodaway Registration District No. 625

Township Primary Registration District No. 3031

City Maryville (No. 816 No. Walnut St. St. Ward)

2. FULL NAME Henry Harrison Conrad

(a) Residence, No. St., Ward. Parnell, Mo.
(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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Margot E. Conrad

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov, 19, 1845

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
88	3	17	

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 30 Yrs.

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) Corydon, Ind.

FATHER

13. NAME William Conrad

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Va.

MOTHER

15. MAIDEN NAME Louinda Breeden

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Ky.

17. INFORMANT (ADDRESS) Mrs. Hiram Day Maryville, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Parnell Cemetery DATE Mar, 8, 1934, 19

19. UNDERTAKER (ADDRESS) Walter Meierhoffer 1302 Faraon St. St. Joseph, Mo.

20. FILED 3-7, 19 34 Mamie E. Clardy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar, 6, 1934, 19

22. I HEREBY CERTIFY, That I attended deceased from January 1, 1934, to March 6, 1934.
I last saw him alive on March 6, 1934. Death is said to have occurred on the date stated above, at 2.00 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia	
"Lobar"	

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?
If so, specify

(Signed) Hiram Day, M. D.

(Address) Maryville, Missouri.

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.