

FEB 23 1935

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

Do not use this space.

871

1. PLACE OF DEATH

County Genery  
Township  
City Stanherry (No. ....)

Registration District No. 314  
Primary Registration District No. 4190

File No. ....  
Registered No. 3  
St. .... Ward

2. FULL NAME

Basch Waels Conrad

(a) Residence, No. .... 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 M. 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct-13-1885

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .... hrs. or .... min.  
49 2 29

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

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) Stanherry MO

13. NAME Basch Conrad

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

15. MAIDEN NAME Mary Meyer

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

17. INFORMANT (ADDRESS) Mrs. Eva Conrad

18. BURIAL, CREMATION, OR REMOVAL PLACE COOPER - Remedy DATE Jan. 13 1935

19. UNDERTAKER (ADDRESS) City of Phillips

20. FILED Jan 13 1935 Stanherry Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 12 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan. 10 1935 to Jan 12 1935

Last saw him alive on Jan 10 1935 Death is said to have occurred on the date stated above, at 11:30 P.M.

The principal cause of death and related causes of importance were as follows:  
Pulmonary Tuberculosis (Date of onset)

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) J. A. Conchita, M. D.  
(Address) Stanherry, 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.

