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

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.

100M-11-24-33

MAR 23 1936

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

Do not use this space.

11461

1. PLACE OF DEATH
County Livingston — Registration District No. 508 — File No.
Township — Primary Registration District No. 3026 — Registered No. 37
City Chillicothe (No. Leeper Hotel St. Ward)

2. FULL NAME John D. Condon
(a) Residence, No. Leeper Hotel 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 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 Melissa Condon
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 27 - 1885
7. AGE YEARS 50 MONTHS 6 DAYS 3 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Traveling Salesman
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) Dallas Texas

FATHER
13. NAME James Condon
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

MOTHER
15. MAIDEN NAME Francis Hill
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

17. INFORMANT (ADDRESS) Mrs. J. D. Condon Leeper Hotel Chillicothe Mo.
18. BURIAL, CREMATION, OR REMOVAL PLACE Kansas City Mo. DATE Mch 2 1936
19. UNDERTAKER (ADDRESS) Leo J. Meister Boonville Mo.
20. FILED Mar 2 1936 Donald M. Dowell Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mch 1 1936

22. I HEREBY CERTIFY, That I attended deceased from ~~March~~ Feb 29, 1936, to March 1, 1936.
I last saw him alive on March 1, 1936 Death is said to have occurred on the date stated above, at 11:58 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	Feb 27
Chronic Myocarditis	1931

Other contributory causes of importance:
Bronchial Asthma

Name of operation Date of
What test confirmed diagnosis? Clinical 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) Donald M. Dowell, M. D.
(Address) Chillicothe Mo.