

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

Do not use this space.

19704

1. PLACE OF DEATH

17 County Carroll  
1 Township Van Horn  
1 City Bozarka, Mo. (No. ....)

Registration District No. 133  
Primary Registration District No. 4074

File No. 11  
Registered No. ....  
St. .... Ward)

2. FULL NAME

William Henry 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. (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) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF San Francisco Conrad

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 27-1848

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .... hrs. or .... mds.  
88 10 29

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 11

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) Penn.

13. NAME Henry Conrad

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

15. MAIDEN NAME Evans

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

17. INFORMANT (ADDRESS) Mrs. R. E. Slater Bozarka Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Prattville Hill DATE May 28, 1937

19. UNDERTAKER (ADDRESS) E. A. Dickerson Bozarka Mo.

20. FILED 5/28 1937 Janie Henderson Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 26, 1937

22. I HEREBY CERTIFY, That I attended deceased from May 24, 1937 to May 26, 1937

I last saw him alive on May 26, 1937. Death is said to have occurred on the date stated above, at 3:30 p.m.

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

May 26 - 37

Date of onset

Medical Illness

Other contributory causes of importance:

Name of operation ..... Date of .....  
What test confirmed diagnosis? Physic Was there an autopsy? Yes

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? Yes  
If so, specify .....  
(Signed) W. H. Conrad  
(Address) Bozarka Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

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