

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

Do not use this space.

21925

JUN 7 1936

1. PLACE OF DEATH
 County Barton Registration District No. 41
 Township Osark Primary Registration District No. 5062
 City Liberal (No. _____) St. _____ Ward _____

2. FULL NAME Frank Wickliff Condict
 (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 37 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 Berta Condict

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 8, 1872

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
	<u>64</u>	<u>2</u>	<u>27</u>	

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

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) May 19, 1936 11. Total time (years) spent in this occupation 25 yrs.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Macon Missouri

FATHER

13. NAME Scott Condict

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

MOTHER

15. MAIDEN NAME Evelyn Gregg

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

17. INFORMANT Mrs Berta Condict
 (ADDRESS) Liberal Mo.

18. BURIAL, CREMATION, OR REMOVAL
 PLACE D.W. Newsom's Sons DATE June 6, 1936
Kans City Mo.

19. UNDERTAKER Barton Funeral Service
 (ADDRESS) Wilberly Kansas

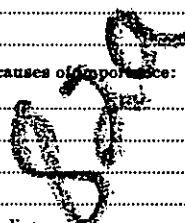
20. FILED June 9th 1936 F.R. Glee
 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 5, 1936

22. I HEREBY CERTIFY, That I attended deceased from MAY 19, 1936 to June 5, 1936
 I last saw him alive on June 4, 1936. Death is said to have occurred on the date stated above, at 2:45 P.M.
 The principal cause of death and related causes of importance were as follows:
Cerebral Hemorrhage

Date of onset _____

Other contributory causes of importance:


Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ 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?
 If so, specify _____
 (Signed) W. H. Sandridge, M.D. M. D.
 (Address) Wilberly, Kansas

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.

