

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

Do not use this space.

32005

**1. PLACE OF DEATH**

County.....  
Towship.....  
City.....

Registration District No. **791**  
Primary Registration District No. **1003**  
(No. **1036<sup>a</sup>** **So 13<sup>th</sup>**)

File No.....  
Registered No. **9255**  
St. .... Ward)

**2. FULL NAME**

(a) Residence. No. **1036<sup>a</sup>** **So 13<sup>th</sup>** St., **2<sup>d</sup>** 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 **Female** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) **Single**

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) **June 29-1928**

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
**2 17**

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work **None**  
(b) General nature of industry, business, or establishment in which employed (or employer) **None**  
(c) Name of employer **None**

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **St Louis Mo**

10. NAME OF FATHER **Walter Conell**

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) **Missouri**

12. MAIDEN NAME OF MOTHER **Elizabeth Hankes**

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) **Missouri**

14. INFORMANT **Walter Conell**  
(Address) **1036<sup>a</sup> So 13<sup>th</sup> St.**

15. FILED **19** **May 17 1928** REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) **Sept. 16- 1928**

17. I HEREBY CERTIFY, That I attended deceased from **14<sup>th</sup> Sep 1928** to **16<sup>th</sup> Sep 1928**, 19**28**, and that I last saw **her** alive on **15<sup>th</sup> Sep 1928**, 19**28**, and that death occurred, on the date stated above, at **7.25** a. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

**119A Cholera Infusoria**

CONTRIBUTORY (SECONDARY) **112W** (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH?.....

8 DID AN OPERATION PRECEDE DEATH?..... DATE OF.....

WAS THERE AN AUTOPSY?.....

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) **Dr. P. P. Patton**, M. D. **9/16/28**, 19 (Address) **4266 Manchester**

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL **Yalhalla Cem.** DATE OF BURIAL **Sept. 17 1928**

20. UNDERTAKER **Wm Combustes Ins Co 4234 Manchester** ADDRESS

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.

WARNING RESERVED FOR BINDING

V. S. 60. 2.

