

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

Do not use this space.

33260

1. PLACE OF DEATH

County Spencer
Township
City Stanhurst, Mo (No.)

Registration District No. 314
Primary Registration District No. 419.0

File No.
Registered No. 33
St. Ward

2. FULL NAME Mrs Caroline Clemens Connally

(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 Fi 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED FUSING or (OR) WIFE OF J. J. Connally D.O.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mar 28 1879

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<u>49</u>	<u>6</u>	<u>11</u>	<u> </u>	<u> </u>

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housewife.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Marionville
(STATE OR COUNTRY) Mo.

10. NAME OF FATHER J. H. Clemens

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

12. MAIDEN NAME OF MOTHER Fannie Riley

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

14. INFORMANT J. J. Connally D.O.
(Address) Stanhurst, Mo

15. FILED 106, 19 28 6 Bernard
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 4 1928

17. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19 , that I last saw alive on , 19 , and that death occurred, on the date stated above, at 1:35 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Carcinoma of Breast

CONTRIBUTORY (SECONDARY)
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) Wm. G. Cuscutt, M. D.
Oct 5 1928 (Address) Stanhurst, Mo

*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 Donilia Iowa DATE OF BURIAL 10/7/28

UNDERTAKER Wm. F. Phillips ADDRESS Stanhurst Mo

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.

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