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.

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

Do not use this space.

33547

1. PLACE OF DEATH

County Jackson — Registration District No. 209

Township Kaw — Primary Registration District No. 1004

City Kansas City (No. 4628 Montgall St. Ward)

File No.

Registered No. 4086

2. FULL NAME Edward Connole

(a) Residence. No. 4628 Montgall St., 16 Ward.
(Usual place of abode) (If nonresident give city or town and State)

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: Mrs. Maude Connole

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mch 1876

7. AGE: Years 54 — Months — Days — If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Foreman--Wilson Co.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Illinois

PARENTS

10. NAME OF FATHER: John Connole

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

12. MAIDEN NAME OF MOTHER: Bridget Kalaher

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

14. INFORMANT: Mrs Maude Connole
(Address) 4628 Montgall

15. FILED 10/8, 1928 M. M. Crowe REGISTRAR
Asst

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 7th 1928

17. I HEREBY CERTIFY, That I attended deceased from 8-20-, 1925, to Oct 6th, 1928 that I last saw him alive on Oct 6th, 1928, and that death occurred, on the date stated above, at 12:00 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Melanoma
Sarcoma of Left thigh
49 525
225 (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY): General
Metastasis (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH?

0 DID AN OPERATION PRECEDE DEATH? no DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Clinical

(Signed) L. A. Marty, M. D

10/8, 1928 (Address) 815 McGee

*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: St. Mary's Cemetery

DATE OF BURIAL: 10/9/28

20. UNDERTAKER: QUIRK & TOBIN CO--20 W Linwood

ADDRESS