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.

33710

1. PLACE OF DEATH
County Jackson — Registration District No. 39 — File No. 4251
Township Kaw — Primary Registration District No. 1 — Registered No.
City Kansas City 2734 Olive St. Ward)

2. FULL NAME Margaret J. McConnell
(a) Residence. No. 2734 Olive St. Ward 11 (If nonresident give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): widow.
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: George McConnell
6. DATE OF BIRTH (MONTH, DAY AND YEAR): May 6 - 1850
7. AGE: Years 78 — Months 5 — Days 12 — If LESS than 1 day, ___ hrs. or ___ min.
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) (STATE OR COUNTRY): Liberty Clay Co Mo

PARENTS
10. NAME OF FATHER: Thos. Stevenson
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Woodford Co. Ky
12. MAIDEN NAME OF MOTHER: Elizabeth Wills
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Clay Co. Mo.

14. INFORMANT (Address): Callie Forman. Liberty, Mo
15. FILED 10/19, 1928 M. M. Crowe Asst REGISTRAR

MEDICAL CERTIFICATE OF DEATH

5 — 2:10 am

16. DATE OF DEATH (MONTH, DAY AND YEAR): Oct. 18 - 1928
17. I HEREBY CERTIFY, That I attended deceased from Oct 14 - 1928 to Oct 18 - 1928 that I last saw her alive on Oct 17, 1928, and that death occurred, on the date stated above, at 2:10 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: Chronic myocarditis with cardiac delatation

cardiac delatation 4 days (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY): arteriosclerosis Fracture Left femur Fracture femur (duration) yrs. mos. 7 ds.
Acc. Fall out of bed

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? no DATE OF
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Physical Examination
(Signed) W. C. Willis M. D.
Oct 18, 1928 (Address) 920 Argyle Kansas City 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: Providence near Liberty Mo — DATE OF BURIAL: 10/19/1928
20. UNDERTAKER: Church-Archer Co. — ADDRESS: Liberty, Mo