

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

Do not use this space.

40985

**1. PLACE OF DEATH**

County Jackson

Registration District No. 399

Township Ryan

Primary Registration District No. 1002

City Lamar City, Mo.

1871 Hudson

File No. 1386

Registered No. \_\_\_\_\_

St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Michael Connel Connelly

(a) Residence. No. Lamar, Kas. St. \_\_\_\_\_ 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. 2 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept. 1888

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min. 89

8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work Retired Farmer (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) Ireland

10. NAME OF FATHER Wm. Connelly

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

12. MAIDEN NAME OF MOTHER Unknown

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

14. INFORMANT (Address) Mrs. Mary Connelly, Lamar, Kas.

15. FILED 12-23-28 M. M. Crowe REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 23 19 28

17. I HEREBY CERTIFY, That I attended deceased from Dec 23 1928, to 1928, that I last saw her alive on Dec 23 1928, and that death occurred, on the date stated above, at 2:30 P.M.

THE CAUSE OF DEATH\* WAS AS FOLLOWS: Arterio insufficiency

9059  
CONTRIBUTORY (SECONDARY) POA

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

19. DID AN OPERATION PRECEDE DEATH? no DATE OF \_\_\_\_\_ WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? 127 (Signed) James O. Brown, M.D. 123 (1928) (Address) 624 E. 15th St. 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 Lamar, Mo. DATE OF BURIAL Dec 23 19 28

20. UNDERTAKER J. O. Norvell ADDRESS City, Mo.

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

