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

Do not use this space.

6368

1. PLACE OF DEATH
County: Jackson
Township: Blue
City: Independence (No. ..... St. ..... Ward)
Registration District No. 398
Primary Registration District No. 5554
File No. .....
Registered No. 38

2. FULL NAME: Joseph McConnell
(a) Residence: No. 1529 Harvard 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. ..... ds. How long in U.S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

MAR 22 1929

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.

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: Amanda C. McConnell

6. DATE OF BIRTH (MONTH, DAY AND YEAR): March 27 1849

7. AGE: Years 79 Months 10 Days 5 If LESS than 1 day, ... hrs. or ..... min.

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: self

9. BIRTHPLACE (CITY OR TOWN): Elkhart
(STATE OR COUNTRY): Indiana

PARENTS
10. NAME OF FATHER: Wilson McConnell
11. BIRTHPLACE OF FATHER (CITY OR TOWN): unknown
(STATE OR COUNTRY): unknown
12. MAIDEN NAME OF MOTHER: Margaret Wortinger
13. BIRTHPLACE OF MOTHER (CITY OR TOWN): unknown
(STATE OR COUNTRY): unknown

14. INFORMANT: Curtiss J. McConnell
(Address): 1531 Harvard Ave

15. FILED: 2-4 1929 F. L. Cook
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): February 2 1929

17. I HEREBY CERTIFY, That I attended deceased from Dec. 15 1928 to Feb. 2 1929 that I last saw him alive on Dec. 28 1928 and that death occurred, on the date stated above, at 6:30 p. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Asthma (Cardiac)
9578
(duration) ..... yrs. 6 mos. ..... ds.

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

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? Clinical

(Signed) C. L. Reed M. D.
2/4, 1929 (Address) Indep. Mo.

*State the DISEASE CAUSING DEATH, or if 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: Mound Grove Cem.
DATE OF BURIAL: 2/4 1929

20. UNDERTAKER: E. N. Carson & Son
ADDRESS: Indep. Mo.