

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

Do not use this space.

17442

**1. PLACE OF DEATH**

County Baldwell  
Township New York  
City                      (No.                     )

Registration District No. 98  
Primary Registration District No. 5145

File No.                       
Registered No. 9  
St.                      Ward                     

**2. FULL NAME**

Emma Connor

(a) Residence. No.                      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.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Married</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Constance Connor</u>				
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Mar 14 1867</u>				
7. AGE	YEARS <u>67</u>	MONTHS <u>2</u>	DAYS <u>10</u>	IF LESS than 1 day, <u>                    </u> hrs. or <u>                    </u> 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) Baldwell Mo  
(STATE OR COUNTRY) Missouri

PARENTS	10. NAME OF FATHER <u>Greenberry Hill</u>
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Jamesco</u>
	12. MAIDEN NAME OF MOTHER <u>Emaline Bagar</u>
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Ray Co. Missouri</u>

14. INFORMANT Mrs. Cora Edwards  
(Address) Hamilton Mo

15. FILED May 26 1929 Mrs E. F. Hartside  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 23 1929

17. I HEREBY CERTIFY, That I attended deceased                                           1929  
May 23 to May 23 1929  
that I last saw                      alive on May 23, 1929, and that death occurred, on the date stated above, at 9:56 a.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Robert pneumonia

108 (duration)                      yrs.                      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 Physicadugue

(Signed)                      M. D.  
May 23 1929 (Address) Hamilton 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 Pleasant Ridge Cemetery DATE OF BURIAL May 26 1929

20. UNDERTAKER John H. Hamilton ADDRESS Hamilton 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.

24 1929

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1-2-1

1874

March 1st  
1874

March 1st  
1874

1874