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

Do not use this space.

23670

1. PLACE OF DEATH
County: Worth
Township: Fletchall
City: Grant City (No. ..... St. ..... Ward)

Registration District No. 903
Primary Registration District No. 4545

File No. .....
Registered No. 14

2. FULL NAME Lydie Maria Conn

(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 25 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

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: F
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Widowed

5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Elson L. Conn

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Nov. 14 1843

7. AGE

Years	Months	Days	If less than 1 day, ... hrs. or ..... min.
85	7	13	

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): Unknown
(STATE OR COUNTRY): Ohio

PARENTS

10. NAME OF FATHER: Orsamus Kibbey
11. BIRTHPLACE OF FATHER (CITY OR TOWN): Unknown
(STATE OR COUNTRY): .....
12. MAIDEN NAME OF MOTHER: Betsie Harrington
13. BIRTHPLACE OF MOTHER (CITY OR TOWN): Unknown
(STATE OR COUNTRY): .....

14. INFORMANT: Benjamin M. Conn
(Address): Grant City, Mo.

15. FILED: 6-28, 19 29 John Andrews
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): June 27 1929

17. I HEREBY CERTIFY, That I attended deceased from June 2, 19..., to June 27, 1929, that I last saw her alive on June 26, 1929, and that death occurred, on the date stated above, at 11:32 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Senile Dementia.

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CONTRIBUTORY (SECONDARY) ..... (duration) ..... yrs. 2 mos. ..... ds.
..... (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? .....

(Signed) E. J. Rass, M. D.
6/28, 1929 (Address) Grant 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: Kirk Cemetery — DATE OF BURIAL: June 29 1929

20. UNDERTAKER: Arch C. Dunfee — ADDRESS: Grant City, Mo.