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

Do not use this space.
29870

1. PLACE OF DEATH
County: Vernon
Registration District No.: 875
Primary Registration District No.: 6162
File No.:
Registered No.: 195
Township:
City: (No. , St. Ward)

2. FULL NAME: Myron D. McConnell
(a) Residence. (Usual place of abode) No. State Hospital #3 St. Ward. (If nonresident give city or town and State)
Length of residence in city or town where death occurred yrs. 9 mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: W.
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): single

5a. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Jan. 6, 1879

7. AGE: Years 50 | Months 4 | Days 19 | If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: none (invalid)
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN): Barton Co.
(STATE OR COUNTRY): Mo.

PARENTS
10. NAME OF FATHER: W. W. McConnell
11. BIRTHPLACE OF FATHER (CITY OR TOWN): Ohio
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER: Ella Dictar
13. BIRTHPLACE OF MOTHER (CITY OR TOWN): Ohio
(STATE OR COUNTRY)

14. INFORMANT: W. W. McConnell deceased
(Address)

15. FILED 9-4, 1929 E. R. King
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Aug 25 1929

17. I HEREBY CERTIFY, That I attended deceased from Nov. 14, 1928, to Aug. 25, 1929, that I last saw h. alive on Aug. 25, 1929, and that death occurred, on the date stated above, at 1 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Paralysis-agitans
(duration) 10 yrs. mos. ds.
CONTRIBUTORY (SECONDARY): Acute gastro-enteritis
(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) I. I. O'Dell, M. D.
Sept. 1929 (Address) Nevada 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: Aug 25 1929
20. UNDERTAKER: Ferry Funeral Home
ADDRESS: Nevada, 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