

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

Do not use this space.

40064

1. PLACE OF DEATH

County Clay
Township Gallatin
City North K.C. (No.)

Registration District No. 197
Primary Registration District No. 5276
No. K.C. Mo.

File No.
Registered No. 72
St. Ward

2. FULL NAME

Frank Connelley
(a) Residence. No. 311 E 14th St. Ward

(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred unknown How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX m 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) unknown

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

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

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
about 65 years

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work unknown
(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) unknown

10. NAME OF FATHER unknown

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

12. MAIDEN NAME OF MOTHER

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

14. INFORMANT (Address) Letters found on body

15. FILED 12/28 1929 W. H. Slagg REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) DEC 20 1929

17. I HEREBY CERTIFY, That I attended deceased from 19 , to 19 , that I last saw h. alive on 19 , and that death occurred, on the date stated above, at 1200 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Automobile Accident
on State Highway
210M (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 1880 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH 208
DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY no

WHAT TEST CONFIRMED DIAGNOSIS (Signed) W. H. Slagg Coroner, M. D.

12/20 1929 (Address) 1200

*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 (Address) Parkville, Mo. DATE OF BURIAL 12/28 1929

20. UNDERTAKER (Address) Morton + Co N. K. C. Mo. ADDRESS North K.C. 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.

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1930

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