

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

Do not use this space.

1449

**1. PLACE OF DEATH**

County Jackson  
Township Blue  
City Leeds

Registration District No. 399  
Primary Registration District No. 1002  
(No. Leeds Hospital)

File No. \_\_\_\_\_  
Registered No. 442  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(a) Residence. No. 14 20 Collins St. Ward. 12  
(Usual place of abode)  
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>Wht</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>McConnell Lester G.</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Aug 1 - 1904</u>		
7. AGE	YEARS <u>23</u>	MONTHS <u>5</u>
	DAYS <u>28</u>	IF LESS than 1 day, _____ hrs. or _____ min.

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work... House wife  
(b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_  
(c) Name of employer \_\_\_\_\_

9. BIRTHPLACE (CITY OR TOWN) Holden  
(STATE OR COUNTRY) Mo

PARENTS

10. NAME OF FATHER George Paper  
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Mo.  
12. MAIDEN NAME OF MOTHER Erdell Mc Coy  
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Mo.

14. INFORMANT K.C.T.B. Hospital records  
(Address) Leeds Mo

15. FILED Jan 30 1930 M. M. Corowe  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) 1 - 29 1930

17. I HEREBY CERTIFY, That I attended deceased from Jan 7, 1929, to Jan 29, 1930, that I last saw him alive on Jan 28, 1930, and that death occurred, on the date stated above, at 2 a m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Pulmonary Tuberculosis

CONTRIBUTORY (SECONDARY)

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? Microscopical

(Signed) George C. Bee, M. D.

150 130 (Address) 100 2 Angulo Bldg.  
\*State the DISEASE CAUSING DEATH, or in death, the MOST PROBABLE CAUSE OF DEATH (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. no

19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL

Stanley Maus. 1-30 1930

20. UNDERTAKER ADDRESS

Blackman & Son City 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.

