

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

Do not use this space.

26686

3290

1. PLACE OF DEATH

County Jackson
Township Kaw
City Kansas City

Registration District No. 500
Primary Registration District No. 1001
(No. Baltimore Hotel)

File No. _____
Registered No. _____
St. _____ Ward _____

2. FULL NAME

Raymond Hugo Connell

(a) Residence. No. _____ St. _____ Ward Topeka, Kansas
(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.
(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>male</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>Emmabel Connell</u>			
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>April 30, 1884</u>			
7. AGE	YEARS <u>46</u>	MONTHS <u>3</u>	DAYS <u>9</u>
	If LESS than 1 day, _____ hrs. or _____ min.		
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work. <u>Securities Salesman</u> (b) General nature of industry, business, or establishment in which employed (or employer). _____ (c) Name of employer _____			

9. BIRTHPLACE (CITY OR TOWN) Chicago
(STATE OR COUNTRY) Illinois

PARENTS	10. NAME OF FATHER <u>James M. Connell</u>
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Chicago Illinois</u>
	12. MAIDEN NAME OF MOTHER <u>Francis Leckert</u>
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Chicago Illinois</u>

14. INFORMANT Mrs. Emmabel Connell - wife
(Address) Topeka, Kansas

15. FILED 19. 30 M. M. Cronley
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) August 9 19 30
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 _____ m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Alcoholism
1/3
66B (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? yes
WHAT TEST CONFIRMED DIAGNOSIS Autopsy
(Signed) Henry Th. Blake M. D.
89. 30 (Address) Deputy Coroner
*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 <u>Topeka, Kansas</u>	DATE OF BURIAL <u>August 12</u> 19 <u>30</u>
20. UNDERTAKER <u>John J. Sheehan</u>	ADDRESS <u>Kansas City, Mo</u>

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.

