DEC 22 1930

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

Do not use this space.
Dr Robertson
File No. 358322
Registered No.

1. PLACE OF DEATH
County: Greene — Registration District No. 318
Township: — Primary Registration District No. 2001
City: Springfield — Ward: 9 — 917 W Lyon — St. — Ward)

2. FULL NAME: Mrs O Connell
(a) Residence. No. 917 W Lyon St., Ward.
(Usual place of abode) (If nonresident give city or town and State)
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: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: O. Connell

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Mar 6 1855

7. AGE: Years 75 — Months 7 — Days 26 — If LESS than 1 day, ___ hrs. or ___ min.

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): Ala
(STATE OR COUNTRY):

PARENTS
10. NAME OF FATHER: John McCauson
11. BIRTHPLACE OF FATHER (CITY OR TOWN):
(STATE OR COUNTRY): S. Carolina
12. MAIDEN NAME OF MOTHER: Gill
13. BIRTHPLACE OF MOTHER (CITY OR TOWN): Ala
(STATE OR COUNTRY):

14. INFORMANT: O Connell
(Address): Springfield Mo

15. FILED 11-4, 1930 — Lon Shard, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Nov 2nd 1930

17. I HEREBY CERTIFY, That I attended deceased from Oct 31, 1930, to ..., 19..., that I last saw h... alive on ..., 19..., and that death occurred, on the date stated above, at 11:15 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
(Chronic interstitial Nephritis)
Patient Resp. since Dec 1929 - Have been able to carry on
131 (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 1928 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? In Texas

DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) J. A. Robertson, M. D
11-4, 1930 (Address) Springfield 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: Greenlawn Mem Pk — DATE OF BURIAL 1930

20. UNDERTAKER: M M Phaneyer — ADDRESS: Springfield

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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