

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

Do not use this space.

36248

**1. PLACE OF DEATH**

County Jackson  
Township East  
City N.E. Mo.

Registration District No. 399  
Primary Registration District No. 1007  
(No. 4621-8-9th St.)

File No. \_\_\_\_\_  
Registered No. 4654  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Louis D. McConnell

(a) Residence. No. 4621-8-9th St., 17A Ward.

(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**

Male

**4. COLOR OR RACE**

Wh.

**5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)**

Married

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

Hattie McConnell

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

Jan 29 - 1864

**7. AGE**

YEARS	MONTHS	DAYS	IF LESS than 1 day, ..... hrs. or ..... min.
<u>66</u>	<u>9</u>	<u>17</u>	

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work. Carpenter  
(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) Indiana

**10. NAME OF FATHER**

A. J. McConnell

**11. BIRTHPLACE OF FATHER (CITY OR TOWN)**

(STATE OR COUNTRY) Ohio

**12. MAIDEN NAME OF MOTHER**

Theresa Noel

**13. BIRTHPLACE OF MOTHER (CITY OR TOWN)**

(STATE OR COUNTRY) Illinois

**14.**

INFORMANT S. M. McConnell  
(Address) 4308 Genesee St

**15.**

FILED 11/17, 1930 M. M. Brown  
REGISTRAR Assn

**MEDICAL CERTIFICATE OF DEATH**

**16. DATE OF DEATH (MONTH, DAY AND YEAR)**

Nov - 16 - 1930

**17. I HEREBY CERTIFY, That I attended deceased from** Nov 10 1930, to Nov 16 1930  
that I last saw him alive on Nov 16 1930 and that death occurred, on the date stated above, at 2:45 P.M. m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Coronary Sclerosis with possible MI (see below)

**CONTRIBUTORY (SECONDARY)**

Chronic Thoracic aortitis of atherosclerotic origin (duration) 7 yrs. mos. 7 ds.

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? No DATE OF X

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS?  
(Signed) Chas. L. Terry, M. D.

11/17, 1930 (Address) 337 Larchwood Bldg

\*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**

Elmwood Nov. 18 1930

**20. UNDERTAKER**

Mrs. C. L. Forster N.E. 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.

Latent 0624 -  
Vi-0624  
901 Norton Be-4 271

- 6 p m