WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

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

Do not use this space.

39552

**1. PLACE OF DEATH**

County Jackson — Registration District No. ..... — File No. .....

Township Kaw — Primary Registration District No. ..... — Registered No. 5125

City K. C. Mo. (No. Mercy Hospital St. ..... Ward)

**2. FULL NAME** Patricia Louise McConnell

(a) Residence. No. 1426 Summit St., 1 Ward. (If nonresident, give city or town and State)
(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 | 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) |
|---|---|---|
| F | W | Single. |

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 11/15/30.

| 7. AGE | YEARS | MONTHS | DAYS | IF LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | — | 1 | 5 | |

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Infant
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) K. C. Mo.
(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER Oliver L. McCobbell

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

12. MAIDEN NAME OF MOTHER Louise Martin

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

14. INFORMANT Oliver P. Johnson
(Address) 1426 Summit K.C. Mo

15. FILED 12/21 1930 M. M. Crowe REGISTRAR
Asst

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 20 1930

17. I HEREBY CERTIFY, That I attended deceased from Dec 19, 1930, to 12-20, 1930 that I last saw her alive on 12-20, 1930, and that death occurred, on the date stated above, at 8:00 A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Intra Cranial Birth Hemorrhage
16 DB

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) Same -

(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH at home
DID AN OPERATION PRECEDE DEATH? no DATE OF .....
WAS THERE AN AUTOPSY? Yes.
WHAT TEST CONFIRMED DIAGNOSIS? Exam Lab + Autopsy
(Signed) W. M. Howard, M. D.
12/20/30 (Address) Mercy Hosp

*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 | DATE OF BURIAL |
|---|---|
| Higland Park | Dec 22 1930 |
| **20. UNDERTAKER** | **ADDRESS** |
| Mrs. C. L. Forster | K.C. Mo. |