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

Do not use this space.

8933

1. PLACE OF DEATH

County: Buchanan — Registration District No.: 86

Township: Washington — Primary Registration District No.: 5127 — File No.: 24

City: ..... (No. No.3rd.St.Road. ½ mi.no.of St.Jos. St. ..... Ward) — Registered No.: ..

2. FULL NAME Isabelle Conner

(a) Residence. No. 415 Middleton St. St., ... Ward. .....
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 75 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

APR 21 1931

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write the word*)
Female	White	Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Rodney Conner

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Jan, 28, 1856

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	75	1	12	

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

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY): St.Joseph, Mo. 1

PARENTS

10. NAME OF FATHER: Francis Conner

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTY): Paris, France 1

12. MAIDEN NAME OF MOTHER: Orlena Pritchard

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTY): Nashville, Tenn. 2

14. INFORMANT: Hubert D.Conner
(Address): 415 Middleton St.

15. Filed Apr 12 1931 — J.J. Bernahe — REGISTRAR

MEDICAL CERTIFICATE OF DEATH 2

16. DATE OF DEATH (MONTH, DAY AND YEAR): Mar, 16, 1931 19

17. I HEREBY CERTIFY, That I attended deceased from Mar 9 1931, to Mar 10 1931, that I last saw her alive on March 9, 1931, and that death occurred, on the date stated above, at 10.40 P.M. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Lobar Pneumonia

(duration) ..... yrs. ..... mos. 4 ds.

CONTRIBUTORY (SECONDARY): Cerebral Hemorrhage

(duration) 10 yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH: 1

DID AN OPERATION PRECEDE DEATH? No. DATE OF:

WAS THERE AN AUTOPSY? No.

WHAT TEST CONFIRMED DIAGNOSIS? Clinical

(Signed) A.A. Long, M. D.

3/11/ 1931 (Address) 1928 Felix St. St. Joseph 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: Green Cemetery — DATE OF BURIAL: Mar, 12, 19 31

20. UNDERTAKER: Walter Meierhoffer — ADDRESS: 1302 Faraon St. St.Joseph, 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.