

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

Do not use this space.

12292

1. PLACE OF DEATH
 39 County Green Registration District No. 318
 Township N. Campbell Primary Registration District No. 5439
 City Springfield (No. County town) St. _____ Ward _____

2. FULL NAME Tha M. McConell
 (a) Residence, No. County town 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.

File No. _____
 Registered No. 319
 St. _____ Ward _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 16, 1872

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
<u>59</u>	<u>7</u>	<u>11</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Del _____

13. NAME Charles Duiley

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Del _____

15. MAIDEN NAME Mary Kay Kendall

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Del _____

17. INFORMANT J. Estes
 (ADDRESS) _____

18. BURIAL, CREMATION, OR REMOVAL PLACE Greenwood DATE 4/28

19. UNDERTAKER T. W. King
 (ADDRESS) Springfield, Mo.

20. FILED Apr. 28, 1932 John Sharp
 Registrar

MEDICAL CERTIFICATE OF DEATH

3
 21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-27, 1932

22. I HEREBY CERTIFY, That I attended deceased from 1929, 19____, to 4-27, 1932.
 I last saw him alive on 4-27, 1932. Death is said to have occurred on the date stated above, at 3.0 p.m.
 The principal cause of death and related causes of importance were as follows:

<u>124</u> <u>908</u> <u>105</u>	<u>Chronic Bronchitis</u> <u>Venereal disease with effusion</u> <u>124</u> <u>105</u>	Date of onset
		<u>7 days</u>

Other contributory causes of importance: Chronic Bronchitis (Diplococci type undetermined) 1 5 yrs
Arteriosclerosis of Arteries

Name of operation None Date of _____
 What test confirmed diagnosis? Physical Was there an autopsy? Yes

23. Death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify _____ (Signed) John W. King, M. D.
 (Address) Springfield, Mo.

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.

MAY 24 1932

