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

Do not use this space.

14226

File No.

Registered No. 3562

1. PLACE OF DEATH

County ..... Registration District No. 5 9

Township ..... Primary Registration District No. .....

City ..... (No. 4418, Blair Ave ..... St. ..... Ward)

2. FULL NAME Mary Connelly

(a) Residence, No. 4418 Blair Ave St., 9 Ward.
(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.

(If nonresident, give city or town and State)

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 Martin Connelly

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) About 1842

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
About 90			

OCCUPATION

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

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) Ireland 15

FATHER

13. NAME Martin Fox

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

17. INFORMANT Mrs Mary Campbell
(ADDRESS) 4418 Blair

18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary DATE 4/13 1932

19. UNDERTAKER W. A. Stock Und. Co
(ADDRESS) 2117 E. Easton

20. FILED APR 12 1932 [illegible]
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr. 11 1932

22. I HEREBY CERTIFY, That I attended deceased from April 5, 1932 to April 11, 1932

I last saw h. alive on April 10, 1932. Death is said to have occurred on the date stated above, at 6:15 A.m.

The principal cause of death and related causes of importance were as follows:

Bronchio-Pneumonia 10 Da
Age 90 Yr 10 Mo

Date of onset

Other contributory causes of importance:
Acute Myocarditis

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If 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? .....

If so, specify .....

(Signed) Emma Ross, M. D.

(Address) 1918 Grandview

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.

NAME ..... WITH INFADING INK—THIS IS A PERMANENT RECORD