

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

Do not use this space.

15535

1. PLACE OF DEATH

County Cass
Township Austin
City Archie, Mo. (No.)

Registration District No. 144
Primary Registration District No. 5-2-10

File No.
Registered No. 7 St. Ward)

2. FULL NAME

Clara Connelly

(a) Residence. No. St. 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 Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF C. J. Connelly

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb. 8 1876

7. AGE	YEARS	MONTHS	DAY	If LESS than 1 day, hrs. or min.
	<u>56</u>	<u>3</u>	<u>2</u>	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Nurse 235
(b) General nature of industry, business, or establishment in which employed (or employer) 166
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Austin
(STATE OR COUNTRY) Cass County Mo.

PARENTS

10. NAME OF FATHER John M. Clark

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

12. MAIDEN NAME OF MOTHER Martha Ann Barnard

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

14. INFORMANT C. J. Connelly
(Address) Archie, Mo.

15. FILE 5/11/32 Dr. B. B. Ford
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 10 1932

17. I HEREBY CERTIFY, That I attended deceased from 19..... to 19..... that I last saw him alive on 19..... and that death occurred, on the date stated above, at between 12 a.m. + 7 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

suicide by drowning
166 (duration) yrs. mos. ds.
CONTRIBUTORY Bad health
(SECONDARY) (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH (D)

8. DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS
(Signed) B. B. Ford, M. D.
, 19 (Address) Archie 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 Crescent Hill DATE OF BURIAL 5/12 1932

20. UNDERTAKER Attison Coaster ADDRESS Archie 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.

JUL 22 1932

