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

Do not use this space.

19090

File No. .....

Registered No. .....

1. PLACE OF DEATH

28 County Crawford

Township Cortois

City ..... (No. ..... St. ..... Ward)

Registration District No. 232

Primary Registration District No. 3516

2. FULL NAME Emma McConnell

(a) Residence. No. ..... 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.

JUL 22 1932

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F

4. COLOR OR RACE W.

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word) Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 10-1871

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
60	10	18	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) 235

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Franklin Co
(STATE OR COUNTRY) Mo 1

PARENTS

10. NAME OF FATHER Fisher

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Franklin Co Mo
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER —

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) — 31
(STATE OR COUNTRY)

14. INFORMANT Charly McConnell
(Address) Butts Mo

15. FILED June 30th 1932 J E Sanders REGISTRAR

MEDICAL CERTIFICATE OF DEATH

1

16. DATE OF DEATH (MONTH, DAY AND YEAR) 6/28- 1932

17. I HEREBY CERTIFY, That I attended deceased from June 24, 1932, to June 28, 1932 that I last saw her alive on June 24, 1932, and that death occurred, on the date stated above, at 1-30 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Tuberculosis (pulmonary)

23A

..... (duration) 9 yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) 23

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

18. WHERE WAS DISEASE CONTRACTED (1)

IF NOT AT PLACE OF DEATH .....

8 DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....

WAS THERE AN AUTOPSY? .....

WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) Geo W Reers, M. D.

, 19 (Address) Steelville 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 Fairview

DATE OF BURIAL 6/28- 1932

20. UNDERTAKER L J Jonas

ADDRESS Steelville Mo