

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

Do not use this space.

13068

1. PLACE OF DEATH

County Henry Registration District No. 352
Township Superstition Primary Registration District No. 5493
City (No.) Ward

File No.
Registered No. 8 St. Ward

2. FULL NAME

Sister Mary Conness
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Apr. 3-1873</u>		
7. AGE YEARS <u>60</u>	MONTHS	DAYS <u>16</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) <u>Ill</u>		
13. NAME ✓		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ✓		
15. MAIDEN NAME ✓		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ✓		
17. INFORMANT <u>Rev Act</u> (ADDRESS)		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Geny town</u> DATE <u>Apr 22 1933</u>		
19. UNDERTAKER <u>Welling Bros</u> (ADDRESS)		
20. FILED <u>April 28 1933</u> <u>J M Miller</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

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21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr 19 1933

22. I HEREBY CERTIFY That I attended deceased from 19... to Apr 1 19 1933

I last saw h. alive on 19... Death is said to have occurred on the date stated above, at 12:40 p.m.

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

Patient dead when I arrived
Cause of death not certain
Probably Heart disease
95B

Other contributory causes of importance

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) Donald H. Reeder, M.D.
(Address) Box 79 Montrose, 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 22 1933

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