

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

Do not use this space.

16695

1. PLACE OF DEATH

County JACKSON Registration District No. 300
 Township KAW Primary Registration District No. 1000
 City KANSAS CITY (No. 3843 EAST-68TH ST TERRACE) Ward 2192

2. FULL NAME MRS. MINNIE MYRTLE WOOD CONCANNON

(a) Residence, No. 3843 E 68th 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 FEMALE 4. COLOR OR RACE WHITE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) MARRIED
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OR (OR) WIFE OF LESLIE P. CONCANNON
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) MARCH-26-1894
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
49 | 1 | 25
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. HOUSEWIFE
 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) INDIANA

FATHER 13. NAME C. A. WOOD

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) UNKNOWN

MOTHER 15. MAIDEN NAME PHOEBE HARTLEY

MOTHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) UNKNOWN

17. INFORMANT MR. LESLIE P. CONCANNON
 (ADDRESS) 3843-EAST-68TH ST. TERRACE

18. BURIAL, CREMATION, OR REMOVAL PLACE MEMORIAL PARK DATE MAY-23-1933

19. UNDERTAKER D.W. NEWCOMER'S SONS
 (ADDRESS) 2111-EAST-9TH ST.

20. FILED MAY 23 1933 W.M. Co. reg.
1-20-33 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) MAY-21-1933

22. I HEREBY CERTIFY, That I attended deceased from June 20, 1932, to May 21, 1933

I last saw her alive on May 20, 1933. Death is said to have occurred on the date stated above, at 12:00 P.M.

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

Tuberculosis pulmonary
Chronic Far advanced
Active
230 23
 Other contributory causes of importance:
Hemorrhage Pulmonary 5-19-33

Name of operation None Date of _____

What test confirmed diagnosis? Lab. Was there an autopsy? No

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? No
 If so, specify _____

(Signed) [Signature] M. D.
 (Address) 2603 E. 31 Kansas City, 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.

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2603 8. 31 ~~at~~ ~~11~~

4:30-6

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