

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

Do not use this space.

19296

1. PLACE OF DEATH

County Dade Registration District No. 237
Township Center Primary Registration District No. 6323
City (No. _____) St. _____ Ward _____

File No. _____
Registered No. 33

2. FULL NAME Archibald J. 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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Mac McConnell</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec. 9 1882</u>		
7. AGE	YEARS	MONTHS
	<u>50</u>	<u>5</u>
		DAYS
		<u>27</u>
	If LESS than 1 day, _____ hrs. or _____ min.	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>farmer</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	
MOTHER	10. Date deceased last worked at this occupation (month and year) _____	
	11. Total time (years) spent in this occupation _____	
FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Dade Co Mo</u>	
	13. NAME <u>James S. McConnell</u>	
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>James</u>	
	15. MAIDEN NAME <u>Sarah A. McLenore</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>VA</u>	
	17. INFORMANT <u>Mrs. Mac McConnell</u> (ADDRESS) <u>Greenfield Mo</u>	
	18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Greenfield Mo</u> DATE <u>June 7 1933</u>	
	19. UNDERTAKER <u>Edwards</u> (ADDRESS) <u>Greenfield Mo</u>	
	20. FILED <u>6-6 1933</u> <u>E. O. Ball</u> Registrar.	

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 6 1933

22. I HEREBY CERTIFY, That I attended deceased from 12-26 1922 to 6-6 1933

I last saw him alive on 5-15 1933. Death is said to have occurred on the date stated above, at _____ m.

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

Emphysema of Brain
Cardioma
53

Date of onset 6-1-32

Other contributory causes of importance:
None

Name of operation Craniotomy Removal of tumor Date of 1-22-33

What test confirmed diagnosis? X-Ray 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) Leah R. Webb, M. D.
(Address) Greenfield, 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.

JUN 22 1933

