

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

Do not use this space.

26704

1. PLACE OF DEATH
48 County Jackson Registration District No. 400
Township Prairie Primary Registration District No. 5553 B
City LEES-SUMMIT (No. JACKSON COUNTY POOR FARM Ward)

MRS. LYDIA JANE Connole
2. FULL NAME Connole
(a) Residence, Not Jackson County Home St. _____ Ward. _____
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 40 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>UNMARRIED</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>None</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>3-17-1862</u>		
7. AGE	YEARS <u>71</u>	MONTHS <u>4</u>
	DAYS <u>15</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>Housekeeper</u>	
	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>Lees Summit MICHIGAN</u>		
FATHER	13. NAME <u>GEORGE THOMAS</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>UNKNOWN</u>	
MOTHER	15. MAIDEN NAME <u>MARTHA J. WOLLMAN</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>IOWA</u>	
17. INFORMANT <u>L. W. Hostetter</u> (ADDRESS) <u>JACKSON COUNTY HOME</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>FOREST HILL</u> DATE <u>AUGUST 4 1933</u>		
19. UNDERTAKER <u>D. W. NEWCOMERS SONS</u> (ADDRESS) <u>211 - EAST 9TH ST.</u>		
20. FILED <u>Aug 4 1933</u> <u>William J. Fields</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-2-1933

22. I HEREBY CERTIFY, That I attended deceased from July 1 1935 to 8-2 1935
I last saw him alive on 8-1 1935 Death is said to have occurred on the date stated above, at 9:15 Am.
The principal cause of death and related causes of importance were as follows:
mitral regurgitation Date of onset _____

Other contributory causes of importance:
grippe 920

Name of operation _____ Date of _____
What test confirmed diagnosis? Chin 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? Yes
If so, specify _____
(Signed) J. R. Greene M. D.
(Address) Independence 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. SEP 26 1933

