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.

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

Do not use this space.

JAN 26 1934

PLACE OF DEATH Jackson

County Kaw

Township Kansas City

City Marietta Concannon (No. Wesley Hospital, St. Ward)

Registration District No. 3 9 9

Primary Registration District No. 1 0 0 3

File No. 39964

Registered No. 4758

2. FULL NAME Marietta Concannon

(a) Residence, No. 3843 East 68th Terrace. 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) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct.10,1909

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
24	1	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home

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) Texas

FATHER

13. NAME L.P.Concannon

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana

MOTHER

15. MAIDEN NAME Minnie Wood

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana

17. INFORMANT (ADDRESS) L.P.Concannon 3843 East 68 th Terrace

18. BURIAL, CREMATION, OR REMOVAL
PLACE Memorial Park Cem. DATE Dec.5-33, 19

19. UNDERTAKER (ADDRESS) Lindsey Funeral Home 3811 Bdwy

20. FILED 12/5, 1933 M. M. Crowe Asst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec.3,1933, 19

22. I HEREBY CERTIFY, That I attended deceased from 11-23, 1933, to 12-3, 1933

I last saw her alive on 12-2, 1933. Death is said to have occurred on the date stated above, at 5 a m.

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

	Date of onset
Appendicitis acute	11-22-33
139	
121	
129	

Other contributory causes of importance:

Perforation of appendix	unknown
Salpingitis right chronic	"
Peritonitis acute general	11-26-33

Name of operation Laparotomy Date of 12-2-33

What test confirmed diagnosis? Visual Appendix 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?

If so, specify

(Signed) J. L. Pollock M. D.

(Address) 2603 E 31, Kansas City, Mo

until 4 o'clock