

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

Do not use this space.

40228
5036

1. PLACE OF DEATH

County Jackson
Township Kau
City K.C. Mo.

Registration District No. 399
Primary Registration District No. 1002
(No. 3751 Wyoming Blvd.)

File No. _____
Registered No. _____
St. _____ Ward _____

2. FULL NAME

Judge William Ellis Conner

(a) Residence, No. 3751 Wyoming Blvd. 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 M. 4. COLOR OR RACE Wh. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Widower

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 2-4-1846

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
87 10 19

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

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) Boonville Mo.

13. NAME no Record

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

15. MAIDEN NAME no Record

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

17. INFORMANT (ADDRESS) Boonville C. Graham 3751 Wyoming Blvd.

18. BURIAL, CREMATION, OR REMOVAL PLACE mt. Washington DATE 12-23-1933

19. UNDERTAKER (ADDRESS) Mrs. C. L. Fowler 718 Brooklyn Ave

20. FILED Dec 24 1933 m m Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-23 1933

22. I HEREBY CERTIFY That I attended deceased from Dec 23, 1933, to Dec 23, 1933

I last saw him alive on Dec 22, 1933. Death is said to have occurred on the date stated above, at 6:30 p.m.

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

Acute Cardiac Dilatation
Arterial Sclerosis and Hypertension

Name of operation none Date of _____
What test confirmed diagnosis? Physiologic Was there an autopsy? No.

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? X Date of injury X, 1933

Where did injury occur? X (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury none
Nature of injury X

24. Was disease or injury in any way related to occupation of deceased? None
If so, specify Just old age

(Signed) W. O. Johnson, M. D.
(Address) 1904 W. Main St. K.C. Mo.

MARGIN RESERVED FOR BINDING

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.

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• Dr. Y. O. Johnson

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