

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

Do not use this space.

24754

1. PLACE OF DEATH

County Jackson Registration District No. _____
Township _____ Primary Registration District No. _____
City Kansas City (No. St. Joseph Hosp) St. _____ Ward _____

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

2. FULL NAME

Anna G. Mc Connell
(a) Residence, No. 1210 Linwood K.C. Mo. Ward _____
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 7 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>widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Dorian L. Mc Connell</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May-9-1873</u>		
7. AGE	YEARS <u>61</u>	MONTHS <u>2</u>
	DAYS <u>14</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as planer, sawyer, bookkeeper, etc. <u>Sales Lady</u>	11. Total time (years) spent in this occupation <u>7</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>cosmetics</u>	
	10. Date deceased last worked at this occupation (month and year) <u>April 1934</u>	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>De Kalb, Co. Missouri</u>		
MOTHER	13. NAME <u>Richard B. Trotter</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>North Carolina</u>	
	15. MAIDEN NAME <u>Lemissa S. Mc Card</u>	
MOTHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>De Kalb, Co. Missouri</u>	
	17. INFORMANT (ADDRESS) <u>Mrs. Susie Porter 1210 Linwood K.C. Mo.</u>	
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Ballatin, Mo.</u> DATE <u>July 25 34</u>		
19. UNDERTAKER (ADDRESS) <u>HOPE + FURN. & UNDT. GALLATIN MO</u>		
20. FILED 7-23-34 M. M. Brown Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 23 1934

22. I HEREBY CERTIFY That I attended deceased from March 25 1934 to Aug 23 1934
I last saw her alive on Aug 23 1934 Death is said to have occurred on the date stated above, at 8:10 P.M.
The principal cause of death and related causes of importance were as follows:
Carcinoma (papillary) of left breast
Date of onset _____
Other contributory causes of importance _____
49
Name of operation _____ Date of _____
What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

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) Hugh B. Hamilton, M. D.
(Address) 602 Argyle Bldg.

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.

AUG 21 1934

