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

AUG 20 1935

Do not use this space.

22986

2122

1. PLACE OF DEATH

County Jackson — Registration District No. — File No.

Township Kaw — Primary Registration District No. — Registered No.

City Kansas City (No. 7240 Prospect St. Ward)

2. FULL NAME Mrs. Blanch E. Connon

(a) Residence, No. 7240 Prospect St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 37 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Fe.

4. COLOR OR RACE: Wh.

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Cameron Connon

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): March 1875

7. AGE: YEARS 60 — MONTHS 4 — DAYS — If LESS than 1 day, ... hrs. or ..... min.

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): Nebr.

FATHER

13. NAME: No Data

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): No Data

MOTHER

15. MAIDEN NAME: No Data

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): No Data

17. INFORMANT (ADDRESS): Cameron Connon, 7240 Prospect

18. BURIAL, CREMATION, OR REMOVAL
PLACE Memorial Park DATE 7/6/35, 19

19. UNDERTAKER (ADDRESS): W. F. Mayberry, City

20. FILED 7-6-, 1935 M. M. Brown
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): July 4th, 1935

22. I HEREBY CERTIFY, That I attended deceased from MAY 15, 1935, to JULY 4, 1935

I last saw her alive on JULY 3, 1935. Death is said to have occurred on the date stated above, at 11:45AM.

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

	Date of onset
CANCER OF UTERUS	2 YRS.
REGINAL METASTASIS	

Other contributory causes of importance:

INCOMPLETE INTESTINAL OBSTRUCTION	2 MO

Name of operation — Date of

What test confirmed diagnosis? — Was there an autopsy?

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) B. C. Quinlan, M. D.

(Address) 6944 Prospect K. C. Mo