

JAN 23 1936

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

Do not use this space.

36347

1. PLACE OF DEATH

County Jackson Registration District No. 399
Township Lean Primary Registration District No. 4002
City Kansas City No. KC Gen Hosp St. _____ Ward _____

File No. _____
Registered No. 1532

2. FULL NAME

John J. Connors
(a) Residence, No. 577 1/2 Main St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 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) Feb 28 1915

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
20 8 16

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____
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) Michigan

FATHER 13. NAME unknown

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

MOTHER 15. MAIDEN NAME unknown

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

17. INFORMANT Deputy Clerk
(ADDRESS) 2000 Jackson St. Kansas City Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE St. College of Osteopathy DATE 11-17-35

19. UNDERTAKER Peter B. Lopez
(ADDRESS) 336 Campbell

20. FILED 11/2 1935 M. M. Malone
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-14 1935

22. I HEREBY CERTIFY, That I attended deceased from 10-29 1935 to 11-14 1935
I last saw him alive on 11-14 1935 Death is said to have occurred on the date stated above, at 4:25 PM
The principal cause of death and related causes of importance were as follows:

Tuberculosis of lungs Date of onset _____
Other contributory causes of importance: HB

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ 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? _____
If so, specify _____
(Signed) J. H. Connors M. D.
(Address) 2000 Jackson St. Kansas City 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.

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