JAN 23 1936

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

Do not use this space.

39622

File No. 5906
Registered No. 2104

1. PLACE OF DEATH
County Jackson Registration District No. 399
Township Kaw Primary Registration District No. 1002
City Kansas City (No. 717 East 54th St. Ward)

2. FULL NAME Walter L. Connell
(a) Residence, No. 717 East 54th 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF (OR) WIFE OF Minnie G. Connell

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) September 29, 1891

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
	44	2	14	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Excavating Con-
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. tractor
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) Missouri

FATHER
13. NAME Don't Know
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't Know

MOTHER
15. MAIDEN NAME Don't Know
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't Know

17. INFORMANT Mrs. Minnie Connell
(ADDRESS) 717 East 54th Street

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Forest Hill Cemetery
PLACE Kansas City, Mo. DATE Dec. 16, 1935

19. UNDERTAKER Lyons-Funeral McClure
(ADDRESS) 1114 Kansas City, Mo

20. FILED Dec 16, 1935 W. M. Grove
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) December 13, 1935

22. I HEREBY CERTIFY, That I attended deceased from Aug 13, 1935, to DEC 13, 1935
I last saw him alive on DEC 13, 1935. Death is said to have occurred on the date stated above, at P. m. 10:30
The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute endocarditis	

Other contributory causes of importance:

Name of operation none Date of
What test confirmed diagnosis? clinical 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? no
If so, specify
(Signed) Delan G. Williams, M. D.
(Address) 806 Ind Bldg 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.

1-5-DM