

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

Do not use this space.

27756-2

OCT 21 1936

1. PLACE OF DEATH

County St. Clair Registration District No. 764
 Township Center Primary Registration District No. 6.007
 City (No. St. Ward)

2. FULL NAME

George F Connell

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

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7/1/1936

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

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 25, 1852

I last saw h_____ alive on _____, 19____. Death is said to have occurred on the date stated above, at 10:30 AM.

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 82 7 28

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

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

No medical
Albertant Bohaller
Health Officer
St. Clair Co. Mo. No. 100, E. Clark

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

Other contributory causes of importance:
Acting Coroner St. Clair Co. Mo.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tippacanoo Indiana

13. NAME John Connell

Name of operation _____ Date of _____

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) not given 1791ma

What test confirmed diagnosis _____ Was there an autopsy? _____

15. MAIDEN NAME Americus Smith

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) not given Kentucky

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

17. INFORMANT (ADDRESS) Mr. Carrel Connell
Beola Mo.

Manner of injury _____

18. BURIAL, CREMATION, OR REMOVAL PLACE Hicks Chappell DATE 7/2/36

Nature of injury _____

19. UNDERTAKER (ADDRESS) H. C. Austin
Louis City Mo.

24. Was disease or injury in any way related to occupation of deceased? _____

20. FILED July 3 1936 J. R. Carter Registrar.
Monongahela Mo.

If so, specify See Sheldon Wright M. D.
 (Signed) _____ (Address) Louis City Mo.

Authorized by See E. Clark
Pres. Mo.

WRITE PEAINLY, 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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NON VERBA
SUNT
SED FACTA

1811

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