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.

JAN 19 1937

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

Do not use this space.

45016

1. PLACE OF DEATH
County Jackson — Registration District No. 399 — File No. 5330
Township Kaw — Primary Registration District No. 1002 — Registered No.
City Kansas City (No. St. Mary's Hospital St. Ward)

2. FULL NAME Mrs. Mamie McConnell
(a) Residence, No. 4042 Euclid Avenue St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)
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: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Frank McConnell

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): June 27, 1869

7. AGE: YEARS 67 — MONTHS 6 — DAYS 0 — 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): Kentucky

FATHER
13. NAME: William Lowry
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Kentucky

MOTHER
15. MAIDEN NAME: Elizabeth Walker
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Kentucky

17. INFORMANT (ADDRESS): John McConnell (Son) 4042 Euclid Avenue, Kansas Cy., Mo

18. BURIAL, ~~[illegible]~~ Seda
PLACE Sedalia, Mo. DATE Dec. 29 1936

19. UNDERTAKER (ADDRESS): Stine & McClure 3235 Gillham Plaza

20. FILED Dec 28 1936 M. M. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): December 27, 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec 3, 1936, to Dec 27, 1936
I last saw her alive on Dec 26, 1936. Death is said to have occurred on the date stated above, at 8 A. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
Bronchial Pneumonia	

Other contributory causes of importance:
Hypertension

Name of operation none Date of
What test confirmed diagnosis? Clinical 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) L. C. Rumsey, M. D.
(Address) 311 Argyle Bldg

argyle Bldg.

Dr. Rumsey