

FEB 25 1937

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

Do not use this space.

119

1. PLACE OF DEATH

County Bates
Township Summit
City (No. St. Ward)

Registration District No. 50
Primary Registration District No. 5076

File No.
Registered No. 7

2. FULL NAME

Mrs. Ella Agnes Connor

(a) Residence, No. 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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>widowd.</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>John Patrick Connor Dec.</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec 24 1869</u>		
7. AGE	YEARS <u>67</u>	MONTHS <u>0</u>
	DAYS <u>25</u>	IF LESS than 1 day, hr. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Retired</u>	11. Total time (years) spent in this occupation
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Housewife</u>	
	10. Date deceased last worked at this occupation (month and year)	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Sagamore Co. Illinois</u>		
FATHER	13. NAME <u>John Brophy</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ireland</u>	
MOTHER	15. MAIDEN NAME <u>Mary Ryan</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ireland</u>	
17. INFORMANT (ADDRESS) <u>John Connor Sr. Butler Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Wak Hill</u> DATE <u>January 21, 1937</u>		
19. UNDERTAKER (ADDRESS) <u>Charles Butler Mo.</u>		
20. FILED <u>Jan 21 1937</u> <u>Theresa S. Culver</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 18, 1937
22. I HEREBY CERTIFY, that I attended deceased from Jan. 16, 1937, to Jan. 18, 1937
I last saw her alive on Jan. 18, 1937. Death is said to have occurred on the date stated above, at 10 P.M.
The principal cause of death and related causes of importance were as follows:

Influenza (epidemic)

Other contributory causes of importance:
Cardiac hypertension

Name of operation none Date of XX
What test confirmed diagnosis? Symptoms 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 XX
(Signed) C. P. Leahy, M. D.
(Address) Butler, Missouri.

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.

