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

Do not use this space.

16987

1. PLACE OF DEATH
County Miller — Registration District No. 561 — File No.
Township — Primary Registration District No. 5756 — Registered No. 26
City Bagnell (No. , St. Ward)

2. FULL NAME Nancy Maria Conner
(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 female
4. COLOR OR RACE w
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED ~~HUSBAND OF~~ (OR) WIFE OF John Conner

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 24 1842

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
94	5	25	

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. Housewife
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) Ohio

FATHER
13. NAME — Jones
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) U K

MOTHER
15. MAIDEN NAME
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) U.K.

17. INFORMANT (ADDRESS) Lafe Conner Bagnell, Mo.

18. BURIAL, ~~CREMATION, OR REMOVAL~~
PLACE Lamm DATE 4-24 1937

19. UNDERTAKER (ADDRESS) Phillips Funeral Home Eldon, Mo.

20. FILED 4-24 1937 Belle Haynes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-23, 1937

22. I HEREBY CERTIFY, That I attended deceased from 4/22, 1937, to 4/23, 1937
I last saw her alive on 4/22, 1937. Death is said to have occurred on the date stated above, at 9 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
apoplexy	4/22/37
Other contributory causes of importance:	
arterio-sclerosis	?

Name of operation 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) G D Wallis, M. D.
(Address) Eldon 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.