NB. 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.

JUN 17 1937

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

Do not use this space.

1. PLACE OF DEATH
County Buchanan — Registration District No. 85 — File No. 19453
Township — Primary Registration District No. 10 — Registered No. 544
City St.Joseph, (No. 2511 Faraon St. St. Ward)

2. FULL NAME Solomon Langdon Connett
(a) Residence, No. 2511 Faraon St. 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: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Mrs.Frankie M.Connett

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Oct,25,1861

7. AGE: 25 — YEARS: 75 — MONTHS: 6 — DAYS: 11 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Vice Pres.& Secty.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: St.Joseph Pressed Brick Co.
10. Date deceased last worked at this occupation (month and year): Apr,1937
11. Total time (years) spent in this occupation: 48

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Buchanan Co. Mo.

FATHER
13. NAME: William Carroll Connett
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Lexington, Ky.

MOTHER
15. MAIDEN NAME: Perilla L.Leonard
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Platte City, Mo.

17. INFORMANT (ADDRESS): Mrs.Frankie M.Connett 2511 Faraon St.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt.Mora Cemetery DATE May,8,1937 19

19. UNDERTAKER (ADDRESS): Walter Meinhoffer 1302 Faraon St. St.Joseph,Mo.

20. FILED May 7, 1937 H J Nestlebush By J C Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): May,6,1937 ,19

22. I HEREBY CERTIFY, That I attended deceased from May 1, 1937, to May 6, 1937
I last saw him alive on May 6, 1937. Death is said to have occurred on the date stated above, at 7.10 m. A.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Typhoid Fever	4/26/37

Other contributory causes of importance: None.

Name of operation None. Date of
What test confirmed diagnosis? Lab. 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) George M. Bateler, M. D.
(Address) Central Bldg. St.Joseph,Mo.