JUL 31 1937

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

Do not use this space.

24439

1. PLACE OF DEATH
County Newton
Township
City Granby (No. ..... St. ..... Ward)
Registration District No. 614
Primary Registration District No. 4555
File No. 28
Registered No. 24

2. FULL NAME Albert Connely

(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: MALE
4. COLOR OR RACE: WHITE
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): SINGLE

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 5 - 1905

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
37	32	6	17	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. LABOR
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) June 10 - 37
11. Total time (years) spent in this occupation LIFE

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Newtonia

FATHER
13. NAME Harry Connely
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Joplin, Mo

MOTHER
15. MAIDEN NAME Eva Judd
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Newtonia

17. INFORMANT (ADDRESS) Bazil Misplay

18. BURIAL, CREMATION, OR REMOVAL
PLACE Newtonia DATE June 22 1937

19. UNDERTAKER (ADDRESS) Peoples Funeral Home

20. FILED 6-22 1937 L. E. Rolens M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 21 1937

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..., to ..... 19...
I last saw him dead on June 21, 1937. Death is said to have occurred on the date stated above, at 8:30 A. m.
The principal cause of death and related causes of importance were as follows:

Gun Shot Wound through Left Auricle of Heart
Self Inflicted

Date of onset

Other contributory causes of importance: 167

Name of operation ..... Date of .....
What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Suicide Date of injury 6-21, 1937
Where did injury occur? Granby, Newton County Missouri (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. in front yard of his home
Manner of injury Self inflicted Gun shot wound
Nature of injury 32 Calebra bullet through left auricle of heart

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) Carley Thompson Coroner, ~~M.D.~~
(Address) Neosho 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.

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