

SEP 15 1937

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

Do not use this space.

1. PLACE OF DEATH

County

Township

City

Registration District No.

Primary Registration District No.

File No.

Registered No.

St.

Ward)

2. FULL NAME

(a) Residence, No.

(Usual place of abode)

Ward.

(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

M

4. COLOR OR RACE

W

5. SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)

Married

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

Muriel Connelley

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

Jan 1914

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1
day, hrs.
or min.

22

OCCUPATION

8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.

Farmer

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
occupation12. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)

Arkansas

13. NAME

W.H. Connelley

14. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)

California

15. MAIDEN NAME

Mary Foster

16. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)

Tenn.

17. INFORMANT
(ADDRESS)V.S. Pater
Judson, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Denton, Mo DATE Aug 18, 1937

19. UNDERTAKER
(ADDRESS)Adrian Ellis
Sikeston, Mo

20. FILED

8-16 1937 J.M. Thompson
Registrar

MEDICAL CERTIFICATE OF DEATH

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

Aug 16, 1937

22. I HEREBY CERTIFY, That I attended deceased from

8/16

1937, to

8/16

1937

I last saw him alive on

8/16

1937. Death is said

to have occurred on the date stated above, at 7:05 P. m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Peritonitis etc

Other contributory causes of importance:

Appendicitis etc

Name of operation

None

Date of

What test confirmed diagnosis?

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?

If so, specify

(Signed)

J. H. Smith, M. D.

(Address)

Cape Girardeau, 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.

STATE DEPARTMENT OF HEALTH—MISSOURI—THIS IS A PERMANENT RECORD

