

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

Do not use this space.

1786

**1. PLACE OF DEATH**

County Jackson  
Township Kaw  
City Kansas City, Mo. (No. 900)

Registration District No. 399  
Primary Registration District No. 1002  
St Joseph

File No. 1786  
Registered No. 474  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Conner, Lee S. F60

(a) Residence, No. Bray Hotel - Kansas City, Mo. 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 M. 4. COLOR OR RACE W. 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) 1-19-1894

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
44 10

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Prattle Hotel

10. Date deceased last worked at this occupation (month and year) 1-9-31 11. Total time (years) spent in this occupation 20

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Newtown Missouri Sullivan Co

13. NAME J. W. Conner

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Newtown Mo Sullivan

15. MAIDEN NAME A. Jane Reed

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Newtown Mo Sullivan

17. INFORMANT Louise Conner (ADDRESS) Newtown Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Prattle Cem. DATE 1-31-1938

19. UNDERTAKER Guild & Payne (ADDRESS) Newtown Mo

20. FILED Jan 30 1938 M. M. Crow Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 29 1938

22. I HEREBY CERTIFY, That I attended deceased from Monday July 24, 1938, to July 29, 1938

I last saw him alive on July 29, 1938. Death is said to have occurred on the date stated above, at 7:30 PM.  
The principal cause of death and related causes of importance were as follows:

Pneumonia Lobar Date of onset \_\_\_\_\_

Other contributory causes of importance:  
Chronic Endocarditis and Mitral Stenosis Had a Rheumatic Heart

Name of operation none Date of \_\_\_\_\_  
What test confirmed diagnosis? Cemical Was there an autopsy? yes

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. J. Beattie M. D.  
(Address) 1202 Michigan Bldg Kc 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.

RECEIVED

FEB 18 1937

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MO. STATE BOARD OF HEALTH