...Registrar

DEC 6 MAR 21 1938

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

Do not use this space.

1. PLACE OF DEATH
County Montreal
Township Willowfork
City Lipton (No. ..... St. ..... Ward)

Registration District No. 575
Primary Registration District No. 4339

File No. 7490
Registered No. .....

2. FULL NAME Jackie Lee Conner 560

(a) Residence, No. ..... 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 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) ~~Jan~~ Feb 4-1938

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

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
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 occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lipton Mo 0

FATHER
13. NAME Arnold Otten Conner 0
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Versailles Mo 0

MOTHER
15. MAIDEN NAME Helen Alene Porter
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Walker Mo

17. INFORMANT (ADDRESS) A L Porter Lipton Mo

18. BURIAL, ~~CREMATION, OR REMOVAL~~ PLACE Nevada Mo DATE 2-6 1938

19. UNDERTAKER (ADDRESS) Williams & Friedmeyer California Mo

20. FILED 2-5 1938 Mrs. Sarah Fry 507 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-4, 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb-4, 1938, to Feb-4-, 1938
I last saw her alive on Dead, 19..... Death ~~is said~~ to have occurred on the date stated above, at 2:30 m. p.
The principal cause of death and related causes of importance were as follows:

Still born

Date of onset

Other contributory causes of importance:

Name of operation ..... 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) G. S. Wilson, M. D.
(Address) Lipton

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.