

REC'D MAR 22 1938

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

Do not use this space.

1. PLACE OF DEATH
 County Newton Registration District No. 609
 Township Neosho Primary Registration District No. 4363
 City Neosho (No. Sale Common Hospital St. 19 Ward) 520
 2. FULL NAME James Edward Connors
 (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.

7574

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 ✓
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 15 1929
 7. AGE YEAR 8 MONTHS 6 DAYS 5 If LESS than 1 day, hrs. or min.
 OCCUPATION
 8. Trade, profession, or particular kind of work done, as splinter sawyer, bookkeeper, etc. School Child
 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

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 20 1938
 22. I HEREBY CERTIFY, That I attended deceased from 2-16, 1938, to 2-20, 1938.
 I last saw him alive on 2-20, 1938. Death is said to have occurred on the date stated above, at 8:40 P. m.
 The principal cause of death and related causes of importance were as follows:
Pneumonia
double lobar
Influenza - Ruptured appendix with peritonitis
 Date of onset 2-7-38
 Other contributory causes of importance:
Influenza - Ruptured appendix with peritonitis
 Name of operation Appendectomy Date of 2-16-38
 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? 1
 If so, specify _____
 (Signed) Wm. C. Guzman M. D.
 (Address) Neosho, Mo.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo
 FATHER
 13. NAME Claud Connors
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo
 MOTHER
 15. MAIDEN NAME Jola Lamar
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ark
 17. INFORMANT Claud Connors
 (ADDRESS) Neosho Mo.
 18. BURIAL, CREMATION, OR REMOVAL PLACE Cemetery DATE 2-21-38
 19. UNDERTAKER Chas. W. Williams
 (ADDRESS) Neosho Mo.
 20. FILED 2-21-38 onalasale
 Registrar 543

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.

