

REGD APR 23 1938

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

9766

Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 1
(b) Township 1 Kaw Primary Registration District No. 1
(c) City K. C. Mo (d) Street No. Research Hospital Registered No. 1221
(If death occurred in Hospital or Institution, write its name instead of street and number) St.
(e) Length of residence in city or town where death occurred yrs. mos. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME

Mrs. Nellie L. Thirionet 653
(a) Residence, No. 1351 E 10th St St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Louise Thirionet</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec. 7-1899</u>				
7. AGE	YEARS <u>38</u>	MONTHS <u>3</u>	DAYS <u>9</u>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>House</u>			
	9. Industry or business in which work was done, as 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) <u>St. North, Texas</u>				
FATHER	13. NAME <u>O. E. McConnell</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Humboldt, Ohio</u>			
MOTHER	15. MAIDEN NAME <u>Nancy Arque</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Humboldt Ohio</u>			
17. INFORMANT (ADDRESS) <u>Louise Thirionet</u> <u>1351 E 10th St</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Floral Hills</u> DATE <u>Mar 15, 1938</u>				
19. FUNERAL DIRECTOR (ADDRESS) <u>Wagner Funeral Home</u> <u>204 W. Linwood</u>				
20. FILED <u>Mar 18, 1938</u> <u>M. M. Crowe, asst</u> Local Registrar.				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 16, 1938

22. I HEREBY CERTIFY that I attended deceased from Feb 28, 1938 to Mar 16, 1938
I last saw her alive on 3/16/38. Death is said to have occurred on the date stated above, at 2:30 P. m.
The principal cause of death and related causes of importance were as follows:
Shock
Acute hepatitis
Date of onset 3/5/38

Other contributory causes of importance:
Operative to left tuby ovarian
adhesions
Arnold - interne fibrosis
Supra-ovary
Name of operation Sal. Date of 3/18/38
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?
If so, specify John R. ... M. D.
(Signed) Rualto Bley K C Mo (Address)

(Licensed Embalmer's Statement on Reverse Side)

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.

I X12004

5075-7-30-37

Wrights, Rg
Va 5172

STATEMENT BY LICENSED EMBALMER

I,, Licensed Embalmer No.....
hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....
..... L. E.
No.....or by....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)