

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

Do not use this space.

1. PLACE OF DEATH

County Cole Registration District No. 211 File No. 32031  
Township Center Primary Registration District No. 4128 Registered No. 19  
City Center (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

(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.

Ronald Gene Connell

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Not Married

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 17-1938  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 8

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

13. NAME James Perkins

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know

15. MAIDEN NAME Chara Francis Connell

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cole County Missouri

17. INFORMANT (ADDRESS) Ronald Connell Center

18. BURIAL, CREMATION, OR REMOVAL PLACE New Hope Cem DATE 9/26 1938

19. UNDERTAKER (ADDRESS) William F. Friedman

20. FILED Sept. 25 1938 H. T. Beach Registrar

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-25 1938  
22. I HEREBY CERTIFY, That I attended deceased from 9-24 1938 to 9-25 1938  
I last saw h. alive on 9-25 1938 Death is said to have occurred on the date stated above, at 1 p. m.  
The principal cause of death and related causes of importance were as follows:

Acute nephritis Date of onset \_\_\_\_\_  
Suppurative uremia

Other contributory causes of importance: None

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) H. R. Pope M. D.  
(Address) California, Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

LOCAL REGISTRAR'S REPORT—DO NOT TEAR LEAF OUT

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

Do not use this space.

1. PLACE OF DEATH

County Cole  
Township Marion  
City Clatsop (No. 619)

Registration District No. 211  
Primary Registration District No. 5291

File No. 20  
Registered No. 20  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

(a) Residence, No. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)  
Length of residence in city or town where death occurred 38 yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. How long in U. S. \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.  
(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M. 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (with the word) Married  
5A. IF MARRIED, WIDOWED, OR DIVORCED, HUSBAND OF (OR) WIFE OF Mary Surface  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 10 - 1900  
7. AGE YEARS 38 MONTHS \_\_\_\_\_ DAYS 18 If LESS than \_\_\_\_\_ yrs. or \_\_\_\_\_ mo. or \_\_\_\_\_ da.  
8. Trade, profession, or particular kind of work done, as plumber, sawyer, bookkeeper, etc. Railroad Laborer  
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) Sept 20, 1938 11. Total time (years) spent in this occupation 25 yrs

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 28, 1938  
22. I HEREBY CERTIFY, That I attended deceased from never retrospectively to \_\_\_\_\_  
I last saw h. m. alive on Sept 27, 1938 Death is said to have occurred on the date stated above, at 2:15 p.m.  
The principal cause of death and related causes of importance were as follows:  
Death few minutes before  
injured, Fall history  
death I was due  
to coronary thrombosis  
Other contributory causes of importance: \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cole County, Missouri  
13. NAME Albert Surface  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cole County, Missouri  
15. MAIDEN NAME Lydia Peepers  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cole County, Missouri  
17. INFORMANT (ADDRESS) Mary Surface, wife  
Clatsop, Mo.  
18. BURIAL, CREMATION, OR REINTERMENT PLACE Clatsop Cem. DATE Oct. 1, 1938  
19. UNDERTAKER (ADDRESS) Thos. Gordon  
Jefferson City, Mo.  
20. FILED Oct 10, 1938 H.T. Hatch, Jr. Registrar

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis Clinical 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 H.T. Larch  
(Signed) \_\_\_\_\_, M. D.  
(Address) Clatsop, Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. If the REGISTRAR'S amount state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.