

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

38042
Do not use this space.

1. PLACE OF DEATH: 14 1938
 (a) County: Jackson Registration District No. 1002
 (b) Township: Kaw Primary Registration District No. 4276
 (c) City: Kansas City (d) Street No. St. Marys Hospital
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME: 540 Helen Stephany Connolly
 (a) Residence, No. 2535 Summit 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: Female
 4. COLOR OR RACE: White
 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): July 4, 1935

7. AGE: YEARS 3 MONTHS 3 DAYS 27 If LESS than 1 day, hrs. or min.

OCCUPATION: 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Child
 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): Kansas City, Mo. 0

FATHER: 13. NAME: Stephen D. Connolly
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Kansas City, Mo. 0

MOTHER: 15. MAIDEN NAME: Helen Warren
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Kansas City, Mo. 0

17. INFORMANT (ADDRESS): Stephen D. Connolly, 2535 Summit
 18. BURIAL, CREMATION, OR REMOVAL PLACE: St. Marys DATE: Nov. 3, 1938
 19. FUNERAL DIRECTOR (NAME) (ADDRESS): QUIRK & TOBIN CO., Kansas City, Mo.
 20. FILED: 11-2-38 M.M. Crave, Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): November 1, 1938

22. I HEREBY CERTIFY That I attended deceased from October 28, 1938, to November 1, 1938
 I last saw her alive on Oct 31, 1938, 19. Death is said to have occurred on the date stated above, at 10:00 AM
 The principal cause of death and related causes of importance were as follows:
 Diphtheria —
 Other contributory causes of importance:
 Paralysis of Throat - Diphtheria 10-29-38
 Myocarditis - Diphtheria

Date of onset: Sept 23, 1938

Name of operation: none Date of: _____
 What test confirmed diagnosis: Lab. 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: Charles J. Eldridge, M. D.
 (Signed) Charles J. Eldridge, M. D. (Address) 6247 Brookside Blvd.

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.

1 X14022

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

....., or by

Registered Apprentice No....., working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address:.....

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.)

If this body is not embalmed, above space should be left blank.