

REG FEB 16 1939

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

Do not use this space.

1542

1. PLACE OF DEATH

County Bates Registration District No. 51
Township Howard Primary Registration District No. 4030
City Hume (No. 254) St. _____ Ward _____

File No. _____
Registered No. _____

2. FULL NAME

George Wayne McConnell

(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>M</u>	4. COLOR OR RACE <u>W</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>Jessie McConnell</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 30-1873</u>		
7. AGE	YEARS <u>65</u>	MONTHS <u>8</u>
	DAYS <u>1</u>	If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as splanner, sawyer, bookkeeper, etc. <u>Merchant</u>	
	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) Jan 31 1939
22. I HEREBY CERTIFY that I attended deceased from Jan 1st 1939, to Jan 31, 1939
I last saw him alive on Jan 31, 1938 Death is said to have occurred on the date stated above, at 11:00 a.m.
The principal cause of death and related causes of importance were as follows:

Coronary Occlusion Jan 31-39
94%
Other contributory causes of importance:
Arteriosclerosis 1938

Name of operation No Date of _____
What test confirmed diagnosis? Chemical 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? No
If so, specify _____
(Signed) Wm. H. Allen Jr. M. D.
Hume Mo. (Address) _____

FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Hume Missouri</u>
	13. NAME <u>John P. McConnell</u>
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>107 1/2 Indiana</u>
	15. MAIDEN NAME <u>Melissa Ann Carmen</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Illinois</u>
17. INFORMANT <u>R. W. McConnell</u> (ADDRESS) <u>Hume Mo</u>	
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Hume Cemetery</u> DATE <u>Feb 3</u> 19 <u>39</u>	
19. UNDERTAKER <u>R. W. McConnell</u> (ADDRESS) <u>Hume Mo</u>	
20. FILED <u>Feb 1</u> 19 <u>39</u> <u>Fern H. Martin</u> Registrar. <u>54</u>	

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.

7
5
0

1 X7294

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
DISTRICT OF COLUMBIA

111

RECEIVED
District Health Officer No. 71
District File Number 7-39-175-
Date Filed 2-6-39

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
DISTRICT OF COLUMBIA