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

22821
Do not use this space.

1. PLACE OF DEATH

(a) County Nodaway — Registration District No. 620

(b) Township ~~Jefferson~~ — Primary Registration District No. 4371 — Registered No.

(c) City Clyde. — (d) Street No. ..... St.
(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 956 Larrence O'Connor

(a) Residence, No. Clyde, Mo. St. ☐
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 6, 1908

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
31	1	10	

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
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) Conception, Mo.

FATHER
13. NAME David O'Connor
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Franklin, Pa.

MOTHER
15. MAIDEN NAME Mary Grovney
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Conception, Mo

17. INFORMANT (ADDRESS) Helen O'Connor, Clyde, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Conception DATE June 18, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Cummins Furniture Co., Maryville, Mo.

20. FILED June 19, 1939 J. M. Boyles, Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 16, 1939

22. I HEREBY CERTIFY, That I attended deceased from June 10, 1939, to 6-16, 1939. I last saw him alive on June 16, 1939. Death is said to have occurred on the date stated above, at 10:30 m. P. M.

The principal cause of death and related causes of importance were as follows:

Epiplepsy — Date of onset

85

Other contributory causes of importance:

Name of operation None — 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 None
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) J. M. Boyles, M.D.
(Address) Conception Junct.

(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.

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RECEIVED
District Health Officer No. 11
District File Number 739-737
Date Filed JUL 6 1939

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 J. B. Cummins

Licensed Embalmer No. 1675

P. O. Address Maryville Mo

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.