

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

Do not use this space.

**DEAD** OCT 13 1939

1. PLACE OF DEATH *2*  
 County *Caldwell* Registration District No. *92*  
 Township *Scott* Primary Registration District No. *4053*  
 City *Graymer* (No. ....) St. .... Ward) *18*  
 5106 *David Connor*  
 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 *7* yrs. *6* mos. *16* ds. How long in U. S., if of foreign birth? yrs. .... mos. .... ds.

31994

File No. ....  
 Registered No. ....

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX *M* 4. COLOR OR RACE *Wh* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Married*  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *Sarah C. Connor*  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *7-1-1853*  
 7. AGE YEARS *86* MONTHS *8* DAYS *14* If LESS than 1 day, .... hrs. or .... min.  
 OCCUPATION  
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Farmer*  
 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) *Nov 1937* 11. Total time (years) spent in this occupation *60*  
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Carmine Illinois*  
 MOTHER FATHER  
 13. NAME *Thomas Connor*  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Carmine Ill.*  
 15. MAIDEN NAME *Mary Jones*  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Carmine Ill.*  
 17. INFORMANT *Mrs. Paul Connor* (ADDRESS) *Graymer Mo*  
 18. BURIAL, CREMATION, OR REMOVAL PLACE *Shiner* DATE *9/17/39*  
 19. UNDERTAKER *Bernard J. Mead* (ADDRESS) *Graymer Mo*  
 20. FILED *9/17* 19 *39* *W.H. Patterson* Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Sept 15, 1939*  
 22. I HEREBY CERTIFY That I attended deceased from *Aug 1* 19 *35* to *Sept 15* 19 *39*  
 I last saw him alive on *Sept 14* 19 *39* Death is said to have occurred on the date stated above, at *7:10 p.m.*  
 The principal cause of death and related causes of importance were as follows:  
*Chronic myocarditis*  
 Date of onset *not known*  
 Other contributory causes of importance: *93C*  
 Name of operation *None* Date of .....  
 What test confirmed diagnosis? *Clinical* 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? *No*  
 If so, specify *Henry H. Patterson* M. D.  
 (Signed) *W. H. Patterson* (Address) *no.*

MARGIN RESERVED FOR BINDING  
 WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

V. S. O. 2  
 FORM-10-22-36  
 U. S. G. P. O. I. X9314

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.

RECEIVED

District No. 117

District File No. 1039-1367

Date Filed OCT 17 1939

1939-9-15  
185  
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