

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

Do not use this space.

1. PLACE OF DEATH

County Cass Registration District No. 85
 Township Mo. Methodist Camp Primary Registration District No. 1000
 City St. Joseph Mo. (No. Mo. Methodist Camp) St. _____ Ward _____

35567

File No. _____
 Registered No. 1086
 St. _____ Ward _____

2. FULL NAME

(a) Residence, No. Cameron Mo. St. _____ Ward _____
 (Usual place of abode)

(If nonresident, give city or town and State) Cameron Mo.

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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 10 1903

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
36 6 12

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Merchant
 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) Trumble Mo.
 (STATE OR COUNTRY) Missouri

FATHER 13. NAME O. E. Connell

14. BIRTHPLACE (CITY OR TOWN) La. Bell
 (STATE OR COUNTRY) Missouri

MOTHER 15. MAIDEN NAME Mattie Lee

16. BIRTHPLACE (CITY OR TOWN) Lewisport
 (STATE OR COUNTRY) Missouri

17. INFORMANT (ADDRESS) O. E. Connell
Cameron Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Cameron Mo. DATE Oct. 22 1939

19. UNDERTAKER (ADDRESS) Fleeman & Son Inc.
1946 Calhoun St.

20. FILED 10/23 1939 H. M. Matthews
 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-22 1939

22. I HEREBY CERTIFY, That I attended deceased from 10-11, 1939, to 10-22, 1939

I last saw him alive on 10-22, 1939. Death is said to have occurred on the date stated above, at 4:50 p.m.

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

Ruptured appendix Date of onset 10-8-39

Other contributory causes of importance:
Peritonitis + Perinephritis
ulcers, also bleeding
Gastric ulcers.

Name of operation appendectomy Date of 10-11-39

What test confirmed diagnosis? clin. + post 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? N.O.
 If so, specify _____

(Signed) L. H. Ferson, M. D.
 (Address) St. Joseph Mo.

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.

