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

Do not use this space.

1. PLACE OF DEATH
County Christian 2 Registration District No. 183
Township Sarter Primary Registration District No. 5264
City ..... (No. 0 ..... St. ..... Ward)

File No. 10639
Registered No. 9

2. FULL NAME Cora McConnell
(a) Residence, No. Nixa, Mo. R.1 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 F
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 Homer E. McConnell

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 14th 1882

7. AGE YEARS 57 MONTHS 8 DAYS 3 If LESS than 1 day, ... hrs. or ..... min.

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

FATHER
13. NAME W. K. Gibson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

MOTHER
15. MAIDEN NAME Elizabeth Goddard
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT (ADDRESS) Homer E. McConnell Nixa Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Sayne Cemetery DATE March 19th 1940

19. UNDERTAKER (ADDRESS) T. B. Chaffin Ozark Mo.

20. FILED April 9 1940 Wilda B. Hawkins Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 17th 1940

22. I HEREBY CERTIFY, That I attended deceased from Mch 13, 1940, to Mch. 17, 1940
I last saw her alive on Mch 13, 1940 Death is said to have occurred on the date stated above, at 1:30 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Valvular Heart Disease	
92 W	

Other contributory causes of importance:
Arteriosclerosis

Name of operation X Date of .....
What test confirmed diagnosis? Physical 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 .....
(Signed) J. H. Wade, M. D.
(Address) Ozark Mo.

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.

X7044

RECEIVED
District Health Officer No. 6,
District File Number 440-1141
Date Filed APR 1 5 1940