

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

10668
Do not use this space.

1. PLACE OF DEATH
 (a) County Clay Registration District No. 201
 (b) Township Liberty Primary Registration District No. 5080 3017 Registered No. 29
 (c) City Liberty 2d Street No. 417 E. Kansas 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 17 yrs. - mos. - ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.
 2. PRINT FULL NAME 54-1 Virginia O. Connolly
 (a) Residence, No. 417 E. Kansas St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widow
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Chas. N. Connolly
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 11 - 1870
 7. AGE YEARS 69 MONTHS 6 DAYS 6 If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Home wife
 9. Industry or business in which work was done, as saw mill, bank, etc. for sep.
 10. Date deceased last worked at this occupation (month and year) 2 mo. 11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kenney Co. Ind.

FATHER 13. NAME Jackson McMillan
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ind.

MOTHER 15. MAIDEN NAME Rebecca Risk
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ind.

17. INFORMANT Victor Connolly
 (ADDRESS) Home 1001 Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Moore's Hill, Ind. DATE Mar 20 1940

19. FUNERAL DIRECTOR Church - Archer Co
 (ADDRESS) Liberty Mo.

20. FILED Mar 18 1940 Heleah Early
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from Apr 1, 1935, to Mar 17, 1940
 I last saw her alive on Mar 17, 1940 Death is said to have occurred on the date stated above, at 7:00 P. m.
 The principal cause of death and related causes of importance were as follows:

Broken Compensation
Myocardial Stenosis
General Atherosclerosis 1935

Date of onset Mar 4, 1935
 1935

Other contributory causes of importance: HTA
 Name of operation none Date of
 What test confirmed diagnosis? limited 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) Burgess Matthey, M. D.
 940 (Address) Liberty 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.

X12004

STATEMENT BY LICENSED EMBALMER

I, Edgar Archer, Licensed Embalmer No. 2311

hereby certify that the body recorded on the reverse side of this certificate was embalmed by Edgar Archer

L. E.

No. 2311 or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed Edgar Archer

Licensed Embalmer No. 2311

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.)