

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

Do not use this space. /

21834

1. PLACE OF DEATH

County Andrew Registration District No. 13
 Township Primary Registration District No. 4070
 City Sayreman No. D. Highale Sautman St. Ward)

2. FULL NAME

W. H. Connor
 (a) Residence, No. St. Ward. Worship Ohio
 (Usual place of abode) (nonresident, give city or town and State)
 Length of residence in city or town where death occurred yrs. mos. 20 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|--|----------------------------------|---|
| 3. SEX <u>male</u> | 4. COLOR OR RACE <u>white</u> | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u> |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Eva Connor</u> | | |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>year 1861</u> | | |
| 7. AGE YEARS <u>74</u> | MONTHS <u>7</u> | DAYS <u>21</u> |
| 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Retired R. Agent</u> | | |
| 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) <u>Green Springs Ohio</u> | | |
| 13. NAME <u>Unknown</u> | | |
| 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown Ohio</u> | | |
| 15. MAIDEN NAME <u>Unknown</u> | | |
| 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u> | | |
| 17. INFORMANT (ADDRESS) <u>Unknown</u> | | |
| 18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Cincinnati Ohio</u> DATE <u>July 9, 1932</u> | | |
| 19. UNDERTAKER (ADDRESS) <u>Frank A. Brumman</u> | | |
| 20. FILED <u>July 8 32</u> <u>W. H. Connor</u> Registrar. | | |

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-6-1932

22. I HEREBY CERTIFY, That I attended deceased from 6-16-1932 to 7-6-1932
 I last saw him alive on 7-6-1932 Death is said to have occurred on the date stated above, at 4:15 am.
 The principal cause of death and related causes of importance were as follows:
acute myocarditis
93A
17
 Other contributory causes of importance: Arteriosclerosis 93As 3 yrs
 Date of onset 7-2-32

Name of operation Date of
 What test confirmed diagnosis? Myocard 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) Willard W. Stearns, M. D.
 (Address) Sayreman Ohio

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.

JUL 32 1932

