

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

Do not use this space  
*Proctor*  
**1002**

1. PLACE OF DEATH  
 County Cumbe Registration District No. 318 File No. 1  
 Township Springfield Primary Registration District No. 8009 Registered No. 45  
 City Springfield Commercial Ward  
 2. FULL NAME Joe E. Connel  
 (a) Residence No. Joe E. Connel St. Commercial Ward. (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**

**2 MEDICAL CERTIFICATE OF DEATH**

3. SEX Male 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 widow  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept  
 7. AGE YEARS 73 MONTHS all DAYS four IF LESS than 1 day, hrs. ms.  
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Plumber  
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Engines  
 10. Date deceased last worked at this occupation (month and year) Jan 11 1933 11. Total time (years) spent in this occupation. 93  
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois  
 13. NAME Connel  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois  
 15. MAIDEN NAME Connel  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois  
 17. INFORMANT (ADDRESS) John H. Connel  
 18. BURIAL, CREMATION, OR REMOVAL PLACE Springfield 19. Jan 11 1933  
 19. UNDERTAKER (ADDRESS) H. H. Connel  
 20. FILED 1-13, 1933 Springfield Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1 / 11, 1933  
 22. I HEREBY CERTIFY, That I attended deceased from Jan 4, 1933, to Jan 11, 1933  
 I last saw him alive on Jan 11, 1933 Death is said to have occurred on the date stated above, at 7:30 a.m.  
 The principal cause of death and related causes of importance were as follows:  
Myocarditis Chronic  
Hypertensive  
 Date of onset  
 Name of operation \_\_\_\_\_ 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 \_\_\_\_\_  
 (Signed) W. H. Connel, M. D.  
 (Address) Springfield 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.

...fully applied. GE should be stated EXACTLY  
...of property. Exact statement of  
...d state  
...ant