

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

Do not use this space.

9350

**1. PLACE OF DEATH**

County Jefferson  
Township Wentworth  
City St. Louis (No. 108th Ward)

Registration District No. 411  
Primary Registration District No. 108th

File No. 8  
Registered No. 8

**2. FULL NAME**

(a) Residence, No. Thomas R. Connor St., Connor 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 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 Paul Connor

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 11 - 1895

7. AGE YEARS 38 MONTHS 9 DAYS 25 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Miner

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) Clinton Mo.

13. NAME Thomas Connor

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Frank

15. MAIDEN NAME Kate Carroll

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ind

17. INFORMANT (ADDRESS) Family

18. BURIAL, CREMATION, OR REMOVAL PLACE Funeral Home DATE 8-5-34

19. UNDERTAKER (ADDRESS) Funeral Home

20. FILED 8-5-34 1934 W. P. Goelzer Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-6-34, 1934

22. I HEREBY CERTIFY, That I attended deceased from 3-5-34 to 3-6-34, 1934  
I last saw him alive on 3-6-34, 1934 Death is said

to have occurred on the date stated above, at 20 m.

The principal cause of death and related causes of importance were as follows:  
pulmonary tuberculosis Date of onset

Other contributory causes of importance 63

Name of operation Date of  
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? Date of injury, 1934  
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?  
If so, specify V.E. Henney M. D.  
(Signed) V.E. Henney  
(Address) 311 Summers Street

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.

