

SEP 25 1935

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

Do not use this space.

26696 ✓

1. PLACE OF DEATH

County JacksonRegistration District No. 400Township BarryPrimary Registration District No. 5553BCity Little Blue (No. 76)Ward Home

File No. _____

Registered No. 170

St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 562 Home 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

Male

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

single

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF
(OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

1-4-1851

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1
day; _____ hrs.
or _____ min.18476

OCCUPATION

8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.none9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.none10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupation12. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Ireland

MOTHER FATHER

13. NAME

Wiles Connors14. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Ireland

15. MAIDEN NAME

Margaret Welch16. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Ireland17. INFORMANT
(ADDRESS)Ernest Jackson

18. BURIAL, CREMATION, OR REMOVAL

PLACE

St. Johns Church

DATE

Aug 10, 193519. UNDERTAKER
(ADDRESS)W. J. Field

20. FILED

Aug 10, 1935William F. Fields

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 10, 1935

22. I HEREBY CERTIFY, That I attended deceased from

Aug 1, 1935 to Aug 10, 1935I last saw him alive on Aug 9, 1935 Death is said

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

The principal cause of death and related causes of importance were as follows:

mitral regurgitation Date of onset _____

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis Clinical Was there an autopsy? no23. 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. K. Green M. D.(Address) Independence, 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.

[The following text is extremely faint and largely illegible due to the quality of the scan. It appears to be a list or index of names and titles, possibly related to a publication or a collection of works.]

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