SEP 2 5 1935

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

Do not use this space.

26696

File No.

Registered No. 170

1. PLACE OF DEATH

County Jackson — Registration District No. 400

Township Prairie — Primary Registration District No. 5553B

City Little Blue (No. 7 C Home St. Ward)

2. FULL NAME Michael Connors

(a) Residence, No. 7 C 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 84 — Months 7 — Days 6 — If LESS than 1 day; hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

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) Ireland

FATHER

13. NAME Miles Connors

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

MOTHER

15. MAIDEN NAME Margaret Welby

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

17. INFORMANT (ADDRESS) Ernest Jackson

18. BURIAL, CREMATION, OR REMOVAL PLACE St Johns DATE Aug 10, 1935

19. UNDERTAKER (ADDRESS) Kelly & Lee

20. FILED Aug 10 1935 William T. Fielder 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, 1935

I last saw h. 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

Gangrene

Other contributory causes of importance:

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) J. K. Greene 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.