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.

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

SEP 23 1936

Do not use this space.

File No. 30743

Registered No.

1. PLACE OF DEATH
County Howell
Registration District No. 385
Primary Registration District No. ~~5536~~ 4228
Township
Willow Springs. Mo. St. Ward)

2. FULL NAME Hubert Wilson Conner.

(a) Residence, No. 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. 10 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): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Lessie (Small) Conner

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): March 24/1890

7. AGE: Years 46 | Months 4 | Days 14 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Mechanic
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): 7 Months
11. Total time (years) spent in this occupation: 12 yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Humbolt Nebraska

FATHER
13. NAME: Charles Conner (not sure)
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Dont Know

MOTHER
15. MAIDEN NAME: Mary E. Morton
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Dont Know

17. INFORMANT (ADDRESS): Mrs Lessie Conner (wife)

18. BURIAL, CREMATION, OR REMOVAL
PLACE Cozad. Neb. DATE Aug. 10 1936

19. UNDERTAKER (ADDRESS): T. R. Burns & Son, Willow Springs. Mo.

20. FILED Aug. 10 1936 J. B. Davis Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Aug. 8 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug. 7, 1936 to Aug. 8, 1936
I last saw him alive on Aug. 7, 1936. Death is said to have occurred on the date stated above, at 12:30 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis,	1920
9332	

Other contributory causes of importance:

Name of operation: Physical Findings Date of
What test confirmed diagnosis? 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. B. Davis, M. D.
(Address) Willow Springs, Mo.