WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

DEC 5 1936

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

Do not use this space.

38591

1. PLACE OF DEATH
County Pemiscot — Registration District No. 1099 — File No.
Township Little Rock — Primary Registration District No. 5868 — Registered No.
City Wardell Mo (No. , St. Ward)

2. FULL NAME John D Conner
(a) Residence, No. Peachorchid Mo St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred yrs. 3 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) Chil S
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Chil S Geo Conner
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 24 1935
7. AGE YEARS 9 MONTHS 19 DAYS If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ✓
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) Poplar Bluff Mo
13. NAME Geo W Conner
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dexter Mo
15. MAIDEN NAME Verlie Conner
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Parma Mo
17. INFORMANT (ADDRESS) G W Conner Peachorchid Mo
18. BURIAL, CREMATION, OR REMOVAL PLACE Wardell Cem DATE Oct 14 1936
19. UNDERTAKER (ADDRESS) Jim Cathey Wardell Mo
20. FILED 11-10, 1936 J L Creusy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 13, 1936
22. I HEREBY CERTIFY, That I attended deceased from Sept 29 1936, to Oct 13, 19
I last saw him alive on Oct 9, 1936 Death is said to have occurred on the date stated above, at 7 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Dysentery	

Other contributory causes of importance: Poor hygiene

Name of operation Date of
What test confirmed diagnosis? Lab — 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 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?
If so, specify
(Signed) Wm Cathey, M. D.
(Address) Holcomb Mo