

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

Do not use this space.

1. PLACE OF DEATH
 County Jasper Registration District No. 411
 Township Edwards Primary Registration District No. 2002
 City Joplin (No. 402 N. Pearl) St. _____ Ward _____
 2. FULL NAME Harriet Sarah Connelly 540
 (a) Residence, No. 402 N. Pearl St. 7th Ward. _____
 (Usual place of abode) _____ (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 38 yrs. - mos. - ds. How long in U. S., if of foreign birth? yrs. mos. ds.

File No. 3105
 Registered No. _____

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Female
 4. COLOR OR RACE White
 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 28, 1938

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) unk. 1858

22. I HEREBY CERTIFY That I attended deceased from 1-31-38 to 1-31-38
 I last saw him/her live on Jan 31, 1938. Death is said to have occurred on the date stated above, at Joplin, Mo. on Jan 28-1938.
 The principal cause of death and related causes of importance were as follows:

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
about 70 11 0

Heart Attack
 Date of onset _____

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 _____
House wife

Other contributory causes of importance: _____
ASA

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Auburn, New York

Name of operation none Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy no

13. NAME Mr Thompson

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? no 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.

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

Manner of injury _____
 Nature of injury _____

15. MAIDEN NAME Jennie Wilson

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify _____
 (Signed) W. H. Manchester Coroner, M. D.
 (Address) Joplin, Mo.

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) (not known)

17. INFORMANT Henry W. Connelly
 (ADDRESS) _____

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Joplin, Mo - Mt Hope DATE Jan 31 1938

19. UNDERTAKER Hurlbut Undertaking Co
 (ADDRESS) Joplin, Missouri

20. FILED 2-1-38
E. D. James Registrar.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED

FEB 25 1938

BUREAU OF VETERINARY MEDICINE
MO. STATE BOARD OF HEALTH