

547 FEB 9 1939

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

Do not use this space.

1623

1. PLACE OF DEATH

County Suchman
Township
City St. Joseph (No. St. Hospital #2)

Registration District No. 85
Primary Registration District No. 1001

File No. _____
Registered No. 22
St. _____ Ward _____

2. FULL NAME

Grace May Connor

(a) Residence, No. State Hospital #2 St. _____ Ward Hamilton Mo.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 14 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

6. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

7. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 21, 1891

8. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
47 6 16

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housemaid

10. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____

11. 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) Hamilton Mo.

13. NAME C. A. Connor

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New Hamp.

15. MAIDEN NAME Emma Hill

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hamilton Mo.

17. INFORMANT (ADDRESS) Abra N. Connor, Hamilton, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Hamilton, Mo. DATE Jan 8, 1939

19. UNDERTAKER (ADDRESS) J. H. Naughton, Hamilton, Mo.

20. FILED Jan 9, 1939 H. Nestlebuch Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 7, 1939

22. I HEREBY CERTIFY That I attended deceased from Dec. 24, 1938 to Jan. 7, 1939

I last saw her alive on _____, 1939. Death is said to have occurred on the date stated above, at 9:40 P.M.

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

maniacal exhaustion Date of onset 2 wks.

Other contributory causes of importance: myocardial infarct. ?

Name of operation none 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. J. O'Drill, M. D.
(Address) St. Joseph, 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.

RECORDED WITH ORIGINALS—THIS IS A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I, J.P. Haughton, Licensed Embalmer No. 3854
hereby certify that the body recorded on the reverse side of this

Certificate was embalmed by me

or by _____, Registered Apprentice No. _____

(Signed)

J.P. Haughton

Licensed Embalmer No. 3854

NOTE: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
(Failure to comply with the above regulation constitutes grounds for revocation of license)