

FILED JAN - 8 1942  
Registration District No. 47

Primary Registration District No. 3008

1. PLACE OF DEATH: Callaway  
 (a) County Callaway  
 (b) City or town Fulton  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: State Hosp #1  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution From Dec 4 - 1937  
 (Specify whether \_\_\_\_\_)  
 In this community \_\_\_\_\_  
 years, months or days)

3. (a) PRINT FULL NAME John B. Connolly  
 3. (b) If veteran \_\_\_\_\_ name war \_\_\_\_\_  
 3. (c) Social Security No. \_\_\_\_\_

4. Sex male 5. Color or race white  
 6. (a) Single, widowed, married, divorced single

6. (b) Name of husband or wife \_\_\_\_\_  
 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Aug 15 1910  
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
32 3 25 hr. min.

9. Birthplace Kansas City Mo  
 (City, town, or county) (State or foreign country)

10. Usual occupation Painter

11. Industry or business \_\_\_\_\_

12. Name Fred P. Connolly

13. Birthplace Kansas City Mo  
 (City, town, or county) (State or foreign country)

14. Maiden name Agnes Graham

15. Birthplace Kansas City Mo  
 (City, town, or county) (State or foreign country)

16. (a) Informant Hosp records

(b) Address \_\_\_\_\_

17. (a) Dec 10 - 1940 (b) Date thereof 12 10 1942  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Kansas City Mo

18. (a) Signature of funeral director Leo S. Wallace

(b) Address 7 W. 6th Fulton, Mo

19. (a) 12-10-1942 (b) John Minnichhoff  
 (Date received local report) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Mo. (b) County Jackson 14  
 (c) City or town Kansas City Mo.  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. \_\_\_\_\_ (If rural, give location) 2  
 (e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 10  
 year 1942 hour 7 minute 30 A.M.

21. I hereby certify that I attended the deceased from Jan 1, 1942, to Dec 10, 1942  
 that I last saw him alive on Dec 9, 1942  
 and that death occurred on the date and hour stated above.

Immediate cause of death Bilateral Pulmonary Tuberculosis Duration \_\_\_\_\_

Due to \_\_\_\_\_  
138!  
 Due to \_\_\_\_\_

Other conditions Left side Artificial Pneumothorax followed by right side  
 (Include pregnancy within 3 months of death)

Major findings Spontaneous pneumothorax PHYSICIAN \_\_\_\_\_  
 Of operations none  
 Of autopsy Bilateral Pulmonary tuberculosis with especially left side cavitation  
 Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature P. J. Tate (M. D. or other) \_\_\_\_\_

Address State Hosp #1 Fulton Date signed 12-10-42

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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1  
2

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1141

