

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

1 PLACE OF DEATH

County Jackson  
Township Kaw  
or  
Village  
or  
City Kansas City (NO. Old City Hosp St. "9" Ward)

Registration District No. 899 File No. 33685  
Primary Registration District No. 1002 Registered No. 5036

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME John O'neal

PERSONAL AND STATISTICAL PARTICULARS

3 SEX M 4 COLOR OR RACE negro 5 SINGLE married MARRIED WIDOWED OR DIVORCED (Write the word)  
6 DATE OF BIRTH Aug 1915 (Month) (Day) (Year)  
7 AGE 6 yrs. 5 mos. 4 ds. IF LESS than 1 day.....hrs. or.....min.?  
8 OCCUPATION (a) Trade, profession, or particular kind of work Laborer (b) General nature of industry business, or establishment in which employed (or employer)  
9 BIRTHPLACE (City or town, State or foreign country) Ky  
PARENTS  
10 NAME OF FATHER J. S. O'neal  
11 BIRTHPLACE OF FATHER (City or town, State or foreign country) Kentucky  
12 MAIDEN NAME OF MOTHER Soga  
13 BIRTHPLACE OF MOTHER (City or town, State or foreign country) Ky.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Nov 5th 1915 (Month) (Day) (Year)  
17 I HEREBY CERTIFY, that I attended deceased from Nov 1st 1915, to Nov 5th 1915, that I last saw him alive on Nov 5th 1915, and that death occurred, on the date stated above, at 1:40 m.  
The CAUSE OF DEATH\* was as follows:  
Chronic Interstitial nephritis  
131 / 20  
(Duration)..... yrs. .... mos. .... ds.  
CONTRIBUTORY (Secondary) (Duration)..... yrs. .... mos. .... ds.  
(Signed) Thomas E. Brown M. D. Nov 5th 1915 (Address) Old City Hosp  
\*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.  
18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)  
At place of death..... yrs. .... mos. .... ds. In the State..... yrs. .... mos. .... ds.  
Where was disease contracted if not at place of death?  
Former or usual residence.....  
19 PLACE OF BURIAL OR REMOVAL Highland DATE OF BURIAL Nov. 8 1915  
20 UNDERTAKER Watkins Bros ADDRESS 1729 Lydia

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Mattie O'neal (Address) 1417 1/2 E 17th St, Rear

15 Filed NOV - 8 1915 1915 Paul Ragan Registrar

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.

