

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

Do not use this space.

B. 28314

1. PLACE OF DEATH

County Jackson
Township Ham
City Gen Hosp.

Registration District No. 349
County Registration District No. 1002

File No. _____
Registered No. 2417
St. _____ Ward _____

2. FULL NAME

(a) Residence. No. 2420 Quincy St., 14 Ward.
(Usual place of abode)

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

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 9 - 1910

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

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Lat High School
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN; STATE OR COUNTRY) K. C.

10. NAME OF FATHER Bert O'Neal

11. BIRTHPLACE OF FATHER (CITY OR TOWN; STATE OR COUNTRY) Mo

12. MAIDEN NAME OF MOTHER Ethel Herschman

13. BIRTHPLACE OF MOTHER (CITY OR TOWN; STATE OR COUNTRY) Ill Mo

14. INFORMANT (Address) Gertrude Bowen
4115 Oak

15. FILED 6/13, 1927 M. M. Cronin
REGISTRAR W. C.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 10 1927

17. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____, and that I last saw him _____ alive on _____, 19____, and that death occurred, on the date stated above, at _____.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Shot by police
Resisting arrest
170 (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 197 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? _____

8 DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____

WAS THERE AN AUTOPSY? Yes

WHAT TEST CONFIRMED DIAGNOSIS? Autopsy
(Signed) Chas. S. Nelson, M. D.
6-10-27 (Address) Deputy Coroner

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Elmwood DATE OF BURIAL June 13 1927

20. UNDERTAKER Mrs. E. L. Foster ADDRESS K. C. 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.

