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

Do not use this space.
Dr Anderson
4593

1. PLACE OF DEATH
County: Greene — Registration District No. 318
Township: — Primary Registration District No. 200 — File No. — Registered No. 97
City: Springfield (No. — St. — Ward)

2. FULL NAME: Frances J O'Neill
(a) Residence. No. — St. — Ward.
(Usual place of abode) Springfield Mo (If nonresident give city or town and State)
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): —

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Unknown 1849

7. AGE: Years 79 — Months Unknown — Days — If LESS than 1 day, ... hrs. or ... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Clergyman
(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): Ireland

PARENTS
10. NAME OF FATHER: Unknown
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Unknown
12. MAIDEN NAME OF MOTHER: Unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Unknown

14. INFORMANT: Walter J Brady
(Address) Springfield Mo

15. FILED Feb 2, 1928 O C Horstmeier, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

2

16. DATE OF DEATH (MONTH, DAY AND YEAR): Feb 1 1928

17. I HEREBY CERTIFY, That I attended deceased from Dec 1, 1927, to Feb 1, 1928, that I last saw him alive on Jan 31, 1928, and that death occurred, on the date stated above, at 9 am

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Myocarditis Hypertension
AOE 93
AOD 108
Dont know.
(duration) yrs. mos. ds.

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

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
Did an operation precede death? no Date of
Was there an autopsy? no
What test confirmed diagnosis? Ordinary Symptoms
(Signed) M Anderson, M. D
, 19 (Address) 208 Sanford Ave

*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: Maple Park CEMETERY — DATE OF BURIAL: Feb 3 1928
20. UNDERTAKER: W W Lammers — ADDRESS: Springfield 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.