

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

Do not use this space

C. P. Fuller
2909

1. PLACE OF DEATH

County *Greene* Registration District No. *4318*
Township *Springfield Mo* Registration District No. *2001*
City *Springfield Mo*

File No. _____
Registered No. *263*
SL _____ Ward _____

2. FULL NAME

John F. O'Neill
(a) Residence No. *1930 Hodey St* Ward _____
(Usual place of abode)

(If nonresident give city or town and State)

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

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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

16. DATE OF DEATH (MONTH, DAY AND YEAR) *Apr. 5 - 1928*

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF *Nettie L. Row*

17. I HEREBY CERTIFY That I attended deceased from *2-28-28*, 1928, to *4-5-28*, 1928, that I last saw him alive on *4-4-28*, 1928, and that death occurred, on the date stated above, at *10:45 a.m.*

6. DATE OF BIRTH (MONTH, DAY AND YEAR) *Aug 5*

THE CAUSE OF DEATH* WAS AS FOLLOWS:

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. *67*

Influenza

8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work *Workman*
(b) General nature of industry, business, or establishment in which employed (or employer) *Street Ry Co*
(c) Name of employer _____

CONTRIBUTORY (SECONDARY) *Similarity* (duration) yrs. mos. da.

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Mo*

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

10. NAME OF FATHER *James O'Neill*

DID AN OPERATION PRECEDE DEATH? DATE OF _____

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) *Illinois*

WAS THERE AN AUTOPSY? _____

12. MAIDEN NAME OF MOTHER *Mary Ford*

WHAT TEST CONFIRMED DIAGNOSIS? (Signed) *C. P. Fuller*, M. D.

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) *Illinois*

, 19 (Address) *SPRINGFIELD, MO.*

14. INFORMANT (Address) *James O'Neill*
1930 Hodey St

19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL *H. Mary 4/8 1928*

15. FILED *H-7 28* *O. Hart* REGISTRAR

20. UNDERTAKER ADDRESS *H. Mary*

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.

1860
67-80

RE OF A PATENT IN PAID FORM, AS THAT IS THE CASE
OF THE PATENT OFFICE OF THE UNITED STATES
OF AMERICA

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Greene
Township _____
City Springfield (No. _____)

Registration District No. 318
Primary Registration District No. 2001

File No. _____
Registered No. 263
St. _____ Ward _____

2. FULL NAME

John F. O'Neill
(a) Residence. No. _____ St. _____ Ward _____
(Usual place of abode)

(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

MEDICAL CERTIFICATE OF DEATH

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

M W M

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

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

Aug 5 - 1860

7. AGE - YEARS MONTHS DAYS

If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

(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)

PARENTS

10. NAME OF FATHER

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

14.

INFORMANT (Address)

15.

4-7-28 Oct Forst No
FILED 19 _____ REGISTRAR

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

Apr 5 - 1928

17.

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

THE CAUSE OF DEATH WAS AS FOLLOWS:

CONTRIBUTORY (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH..... DATE OF.....

WAS THERE AN AUTOPSY.....

WHAT TEST CONFIRMED DIAGNOSIS.....

(Signed) _____, M. D.

, 19 (Address)

*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

DATE OF BURIAL

19

20. UNDERTAKER

ADDRESS

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

SUPPLEMENTARY

S-12909