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

Do not use this space.

17113

1. PLACE OF DEATH
County Jackson — Registration District No. 399 — File No. [illegible]
Township Kan — Primary Registration District No. 1002 — Registered No. [illegible]
City K C (No. 3226 E 28th St St. Ward)

2. FULL NAME Richard A O'Connor
(a) Residence. No. 3226 E 28th St., 14 Ward.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

3

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
4. COLOR OR RACE: wh
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Esther O'Connor

6. DATE OF BIRTH (MONTH, DAY AND YEAR): July 31st 1889

7. AGE: Years 38 — Months 9 — Days 8 — If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Cy Freagt C & O RR
(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): Ind

PARENTS
10. NAME OF FATHER: Jno J. O'Connor
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Ind
12. MAIDEN NAME OF MOTHER: Anna Kenney
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Ireland

14. INFORMANT: Mary K O'Connor
(Address): St Joseph Hosp

15. FILED May 10, 1928 M. M. Crowe Asst REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): 5/8/28 19

17. I HEREBY CERTIFY That I attended deceased from 5/4, 1928, to 5-8, 1928, that I last saw him alive on 5/8, 1928, and that death occurred, on the date stated above, at 11 22 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: 108
Pneumonia - Lobar 95
L upper lobe 109 B
(duration) yrs. mos. 9 ds.

CONTRIBUTORY (SECONDARY): Toxemia - Cardiac
Arteriosclerosis (duration) yrs. mos. 5 ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? 101 A
DID AN OPERATION PRECEDE DEATH? No. DATE OF 5/8/28
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Clinical

5/9 (Signed) M J Owens, M.D
, 1928 (Address) M J Owens

*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: St Marys Cem — DATE OF BURIAL: 5/11/28 19

20. UNDERTAKER: W. F. Mayberry N.C. — ADDRESS: City

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.

[illegible] WITH UNFADING INK—THIS IS A PERMANENT RECORD

Dr M. J. Owens
817 Rialto