

24 1928

202

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

Do not use this space.

19959

1. PLACE OF DEATH

County Dickinson
Township St Joseph
City St Joseph

Registration District No. 85
Primary Registration District No. 1001
State Hospital No. 2

File No.
Registered No. 757
St. Ward

2. FULL NAME

(a) Residence. No. State Hwy # 2 St Joseph Mo
(Usual place of abode)

Kansas City MO
(If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 7 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Margaret Henderson O'Neil

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Febr. 17. 1885.

7. AGE YEARS 43 MONTHS 3 DAYS 25 IF LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work Merchant 83 94
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Marysville,
(STATE OR COUNTRY) Kans. Kansas.

10. NAME OF FATHER John C. O'Neil

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown
(STATE OR COUNTRY) Kentucky

12. MAIDEN NAME OF MOTHER Elizabeth Ryan

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown
(STATE OR COUNTRY) Ohio

14. INFORMANT Chemical Records
(Address) State Hwy # 2 St Joseph Mo

15. FILED JUN 13 1928 John G. Cox REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 12 1928.

17. I HEREBY CERTIFY, That I attended deceased from June 5, 1928 to June 12, 1928 that I last saw him alive on June 12, 1928, and that death occurred, on the date stated above, at 9:26 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cerebia
76 (duration) yrs. 2 mos. ds.
CONTRIBUTORY (SECONDARY) Not known (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 Chemical, Serological
(Signed) H. J. ... M. D.

*State the DISEASE CAUSING DEATH, or its 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 Marysville, Kansas. DATE OF BURIAL June 14 1928

20. UNDERTAKER H. O. Schindler ADDRESS 1802 Union Str

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.

