

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.

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

Do not use this space.
21687

1. PLACE OF DEATH

County Louis Registration District No. 784 File No. _____
Township H. Ferdinand Primary Registration District No. 603.0 Registered No. _____
City _____ (No. 5-207 Helen Ave. St. _____ Ward)

2. FULL NAME

Michael O'Connell
(a) Residence. No. 5-207 Helen 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

3. SEX Male 4. COLOR OR RACE Wh 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 1863(?)
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
About 65,

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Grocery Clerk.
(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

10. NAME OF FATHER

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY) Ireland

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY) Ireland

14.

INFORMANT Mrs. Mrs. J. Hough
(Address) 5207 Helen Ave

15.

FILED 6-12-28 O. R. Schindler
REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 21, 1928
17. I HEREBY CERTIFY That I attended deceased from June 17, 1928 to June 21, 1928
that I last saw him _____ alive on June 20, 1928, and that death occurred, on the date stated above, at 3:45 P. M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Interstital Nephritis
Myocarditis
124 B
131 not known (duration) _____ yrs. _____ mos. _____ da.
930 CONTRIBUTORY Cirrhosis of liver (duration) _____ yrs. _____ mos. _____ da.
(SECONDARY) not known

18. WHERE WAS DISEASE CONTRIBUTED

1290
IF NOT AT PLACE OF DEATH? _____
DID AN OPERATION PRECEDE DEATH? no DATE OF _____
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Chemical Findings
(Signed) About well M. D.
June 21, 1928 (Address) 5322 Helen 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

DATE OF BURIAL

Copworth June 23, 1928
20. UNDERTAKER Charles Shaw ADDRESS 5325
Easton

