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

Do not use this space.

35468

1. PLACE OF DEATH
County Jackson — Registration District No. 398 — File No.
Township Blue — Primary Registration District No. 5554 — Registered No. 367
City Independence (No. ..... St. ..... Ward)

2. FULL NAME James Harold Oconnell Jr
(a) Residence No. 2413 Glenwood St. Route 2 #6 Indp Mo. 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

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Single
6. DATE OF BIRTH (MONTH, DAY AND YEAR): Sept 14 1928
7. AGE: Years 0 — Months 1 — Days 10 — If LESS than 1 day, ... hrs. or ..... min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): None
(c) Name of employer
9. BIRTHPLACE (CITY OR TOWN): Independence
(STATE OR COUNTRY): Missouri

PARENTS
10. NAME OF FATHER: James Harold Oconnell
11. BIRTHPLACE OF FATHER (CITY OR TOWN): Unknown
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER: Evon La Plante
13. BIRTHPLACE OF MOTHER (CITY OR TOWN): Brooks Co.
(STATE OR COUNTRY): Kansas

14. INFORMANT: Mrs. Evon Oconnell
(Address) 2413 Glenwood Mile R. 6

15. FILED 10/28, 1928 F. L. Cook REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Oct 25 1928
17. Coroner
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, at ..... m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Conflagration —
Charred bones —
House burned (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) 178
..... (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? .....
DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Inspection
(Signed) H. E. Moss, M. D
10-25, 1928 (Address) Coroner

*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, K. Co. — DATE OF BURIAL: 10-27-1928.
20. UNDERTAKER: C. D. Carson & Son — ADDRESS: Independence 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.

NOV 2 1928