

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

Do not use this space.

12919
3469

1. PLACE OF DEATH

County.....
Township.....
City At Home (No.....)

Registration District No. 791
Primary Registration District No. 1003

File No.
Registered No.
St. Ward)

2. FULL NAME

Robert L. O'Shea

(a) Residence No. 1724 Bacon St. St. 11 Ward. (If nonresident give city or town and State)

Length of residence in city or town where death occurred 62 yrs. — mos. — da. 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 _____

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct. 31, 1863

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____hra. or _____min.
	<u>65</u>	<u>4</u>	<u>18</u>	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Upholsterer ¹⁵⁶/₃₆

(b) General nature of industry, business, or establishment in which employed (or employer) _____

(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Montreal
(STATE OR COUNTRY) Canada

10. NAME OF FATHER Jeremiah O'Shea

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

12. MAIDEN NAME OF MOTHER Mary Sullivan

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

14. INFORMANT Harry O'Shea
(Address) 1724 Bacon St.

15. FILED 110 28 1929
May Starkey
REGISTERAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar 18 1929

17. I HEREBY CERTIFY, That I attended deceased from March 17, 1929 to Mar 17, 1929 (that I last saw him alive on Mar 17, 1929, and that death occurred, on the date stated above, at 3:30 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Septicemia

A Septic arthritis
(duration) _____ yrs. _____ mos. _____ da.

CONTRIBUTORY Infected right knee
(SECONDARY)
(duration) 3 yrs. _____ mos. _____ da.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH _____

19. DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____
WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) C. O. Adams M. D.
3-19-29 (Address) 1316 W. Grand

*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 Calvary Cemetery DATE OF BURIAL March 21 1929

20. UNDERTAKER Deiss - Willmiring ADDRESS 2203 Salisbury

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.

DEPARTMENT RECORD

150 55 94

