APR 30 1930

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

Do not use this space.
Dec. 9186

1. PLACE OF DEATH
County: Jasper
Township: Webb City
City: Webb City (No. ..., ... St. ..... Ward)
Registration District No. H17
Primary Registration District No. 3031
File No.
Registered No. 34

2. FULL NAME: Richard H. O'Neill
(a) Residence. No. 511 N. Ball 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. 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): May 11, 1893

7. AGE: Years 36 | Months 10 | Days X | If LESS than 1 day, ... hrs. or ..... min.

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

9. BIRTHPLACE (CITY OR TOWN): Montpelier
(STATE OR COUNTRY): Indiana

PARENTS
10. NAME OF FATHER: Chas O'Neill
11. BIRTHPLACE OF FATHER (CITY OR TOWN):
(STATE OR COUNTRY): New York
12. MAIDEN NAME OF MOTHER: Beatrice Wolfe
13. BIRTHPLACE OF MOTHER (CITY OR TOWN):
(STATE OR COUNTRY): France

14. INFORMANT: Chas O'Neill
(Address): Webb City, Mo.

15. FILED 3/13, 1930 R. M. Stormont
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): May 11, 1930

17. I HEREBY CERTIFY, That I attended deceased from 3/8, 1930, to 3-, 1930, that I last saw h..... alive on ....., 19..., and that death occurred, on the date stated above, at 12.05 A.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

1a Tbc
1b
1c
(duration) 1 yrs. 2 mos. 3 ds.

CONTRIBUTORY (SECONDARY): Chronic Int. Nephritis
(duration) 6 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED? Home
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? no DATE OF
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) J. A. Drumbaugh M. D.
3/17, 1930 (Address) Webb City Mo

*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: Mount Hope Cem | DATE OF BURIAL: 3/13 1930
20. UNDERTAKER: Webb City Und Co | ADDRESS: Webb 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.