

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

Do not use this space.

38843

1. PLACE OF DEATH

County St. Louis
Township Central
City Clayton, Mo.

Registration District No. 790
Primary Registration District No. 61331
No. St. Louis County Hosp.

File No. _____
Registered No. _____
St. _____ Ward _____

2. FULL NAME

James M. O'Connell
(a) Residence, No. Ferguson, Mo. 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) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Ellie M. O'Connell

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Don't know

AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
<u>About 76</u>				

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Labor
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Missouri

FATHER
13. NAME Don't know

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

MOTHER
15. MAIDEN NAME Don't know

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

17. INFORMANT (ADDRESS) Mrs. Ellie M. O'Connell Ferguson, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Clayton Cem. DATE Nov. 4, 1931

19. UNDERTAKER (ADDRESS) Rob. H. Clark 1175 Hadramen Ave.

20. FILED Nov 2 1931 Rev. Sullivan Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-2, 1931

22. I HEREBY CERTIFY, That I attended deceased from 10-29, 1931, to 11-2, 1931

I last saw him alive on 11-1, 1931. Death is said

to have occurred on the date stated above, at 12:40 AM

The principal cause of death and related causes of importance were as follows:

Hypostatic Pneumonia Date of onset 10-28-31

Other contributory causes of importance:

Primary Carcinoma Liver
chronic Cardio-vascular
Renal disease

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

If so, specify _____

(Signed) J. A. Rogan, M. D.

(Address) Clayton, Mo

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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 28 1931

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