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.

OCT 29 1932

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

Do not use this space.

30231

1. PLACE OF DEATH

96 County ~~St~~ St. Louis — Registration District No. 785 — File No.

Township Meramec — Primary Registration District No. 6032 — Registered No. 169

City Glencoe (No. , St. Ward)

2. FULL NAME Joseph O'Neill

(a) Residence, No. Glencoe, Mo. St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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 M

4. COLOR OR RACE N

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) Aug 6th 1860

7. AGE 72 YEARS 0 MONTHS 26 DAYS If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Teacher

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) 1922

11. Total time (years) spent in this occupation 42

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Gibstown Co Nicklow Ireland 15

FATHER

13. NAME Andrew O'Neill

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

MOTHER

15. MAIDEN NAME Mary Fitzpatrick

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

17. INFORMANT (ADDRESS) Brother Gerardus Glencoe

18. BURIAL, CREMATION, OR REMOVAL

PLACE Glencoe Mo DATE Sept 4 1932

19. UNDERTAKER (ADDRESS) Arthur Donnelly Und Co 2039 Wash St St Louis Mo

20. FILED 9/2 1932 P. E. Barrett Jr. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 2nd 1932

22. I HEREBY CERTIFY, That I attended deceased from July 1932, to Sept 1st 1932

I last saw him alive on Aug 30 1932 Death is said to have occurred on the date stated above, at 3.30 A m.

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

Myocarditis — Date of onset

93C Chronic

85 93C

Other contributory causes of importance:

Epileptic

Name of operation (1) Date of

What test confirmed diagnosis? Was there an autopsy?

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? No

If so, specify

(Signed) J. C. Dunn, M. D.

(Address) Valley Park Mo