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.

JUN 19 1934

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

Do not use this space.

16607

1. PLACE OF DEATH
County Jackson — Registration District No. 399 — File No. 1961
Township Kans — Primary Registration District No. — Registered No. 1961
City Kansas City (No. KC General Hosp. St. Ward)

2. FULL NAME Frank O'Neil
(a) Residence, No. 1615 Wyandotte St. Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 4 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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 30 1906

7. AGE: YEARS 27 — MONTHS 6 — DAYS 1 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. R R Emp.
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) Arizona

FATHER
13. NAME Frank O'Neil
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Arizona

MOTHER
15. MAIDEN NAME Margaret Watson
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Arizona

17. INFORMANT (ADDRESS) Reward Clerk KC Gen Hosp. KC Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Maple Hill DATE 4-3-34

19. UNDERTAKER (ADDRESS) Quirk & Tobin

20. FILED 5-2 1934 M M Brown Asst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-1, 1934

22. I HEREBY CERTIFY, That I attended deceased from 4-25, 1934, to 5-1, 1934
I last saw him alive on 5-1, 1934 Death is said to have occurred on the date stated above, at 6:15 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	
108	

Other contributory causes of importance:

Name of operation ..... 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? .....
If so, specify .....
(Signed) [signature], M. D.
(Address) Supt KC Gen Hosp KC Mo
5-1-1934

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CERTIFICATE OF DEATH

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

COLOR OR RACE

DATE OF DEATH

I HEREBY CERTIFY

DAYS