

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.

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

34574

NOV 9 1935

1. PLACE OF DEATH

County.....

Registration District No.....

Township.....

Primary Registration District No.....

City.....

(No. *6043*, *Perishing*)

791

1003

File No.....

9016

Registered No.....

St.....

Ward)

2. FULL NAME

Mary E. O'Neill

(a) Residence, No.....

St.....

5 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.

da.

How long in U. S., if of foreign birth?

yrs.

mos.

da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF (OR) WIFE OF

Edward J. O'Neill

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

June 10 1873

7. AGE

YEARS

MONTHS

DAYS

IF LESS than 1 day.....hrs. or.....min.

62

4

18

at Home

OCCUPATION

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

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

MOTHER FATHER

13. NAME

Andrew Gurnea

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

Laurens

15. MAIDEN NAME

Unknown

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

17. INFORMANT (ADDRESS)

Mrs. Paul E. Bragg 6043 Perishing

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Not Hope been

DATE *10-20*, 19*35*

19. UNDERTAKER (ADDRESS)

Arthur J. O'Neill 2112 E. 10th St. St. Louis

20. FILED

NOV 28 1935

J. P. Bredeck

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR)

Oct 28, 19*35*

22. I HEREBY CERTIFY, That I attended deceased from

Sept 16, 19*35*, to *Oct 25*, 19*35*

I last saw him alive on *Oct 28*, 19*35*. Death is said

to have occurred on the date stated above, at *1:30 am*.

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

Cerebrovascular thrombosis

A3C

Other contributory causes of importance:

Chronic myocarditis

Date of onset

Seen of 1 year

Seen of 1 year

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) *W. A. Bragg*, M. D.

(Address) *40 E. Wall Bldg.*

