

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

Do not use this space.

RECORDED 12 1939

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39336

**1. PLACE OF DEATH**

County Clay  
Township Johnson  
City Excelsior Springs (No.         )

Registration District No. 148  
Primary Registration District No. 3011

File No.           
Registered No. 147  
St.          Ward         

**2. FULL NAME**

Patrick Dennis O'Connor

(a) Residence, No. Clay Co St.,          Ward. 0  
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. 8 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 Clara O'Connor

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 28-1896

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
42 10 3

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

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) Plattsburg Mo

13. NAME Dan O'Connor

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

15. MAIDEN NAME Katie Adams

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

17. INFORMANT (ADDRESS) Clara O'Connor

18. BURIAL, CREMATION, OR REMOVAL PLACE (ADDRESS) Cameron Mo DATE Nov 3 39

19. UNDERTAKER (ADDRESS) Alfred Dreher

20. FILED Nov 3 1939 Ms. D. Mc-Cracke Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 1st 1939

22. I HEREBY CERTIFY, That I attended deceased from         , 19        , to         , 19        .

I last saw h.          alive on         , 19        . Death is said to have occurred on the date stated above, at          m.

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

suicide  
caused by cutting  
throat with razor

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) Ms. Y. L. Wyong  
Liberty Clay Co 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.

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