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.

9074

1. PLACE OF DEATH
County Jackson — Registration District No. 399 — File No. 1951
Township Kaw — Primary Registration District No. 1002 — Registered No.
City Kansas City (No. St. Mary's Hospt. St. Ward)

2. FULL NAME William O'Meara
(a) Residence. No. 2631 Holmes St., 3 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.

3

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
4. COLOR OR RACE: wh
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Mary O'Meara

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Feb. 6, 1857

7. AGE: Years 71 — Months 1 — Days 13 — If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Grocries
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Minnesota

PARENTS
10. NAME OF FATHER: Patrick O'Meara
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Ireland
12. MAIDEN NAME OF MOTHER: Margaret Delancy
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Ireland

14. INFORMANT: Mrs. Mary O'Meara
(Address) 2631 Holmes

15. FILED 3/20, 1928 M. M. Crowe Asst. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): March 19 1928

17. I HEREBY CERTIFY, That I attended deceased from 4/20, 1928, to Mch. 19th, 1928 that I last saw him alive on Mch. 18, 1928, and that death occurred, on the date stated above, at 6:25 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Carcinoma of neck following carcinoma of lip.
43
(duration) yrs. 12 mos. ds.

CONTRIBUTORY (SECONDARY): none (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? Yes. DATE OF 3/30-1927.
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Microscope
(Signed) R. C. Lawman, M. D.
3/20, 1928 (Address) K. C. Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Calvary — DATE OF BURIAL: 3/22 1928

20. UNDERTAKER: S. H. Newcomer's Sons — ADDRESS: K. C. Mo.

2.4.30

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R. G. Lowman

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