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.

100M-11-24-33

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

Do not use this space.

SEP 16 1935

27961

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St Louis (No. 6426 Wade St. ..... Ward)

File No. 7027

Registered No. .....

2. FULL NAME William F. O'Shaughnessy

(a) Residence, No. ..... St., ... 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. 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: Nora O'Shaughnessy

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Jan 6th 1873

7. AGE: YEARS 62 MONTHS 7 DAYS 13 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

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): Ireland

FATHER

13. NAME: Patrick O'Shaughnessy

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

MOTHER

15. MAIDEN NAME: Mary Fitzgerald

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

17. INFORMANT (ADDRESS): Nora O'Shaughnessy 6426 Wade Ia

18. BURIAL, CREMATION, OR REMOVAL

PLACE: Calvary DATE: Aug 21st 1935

19. UNDERTAKER (ADDRESS): Arthur J Hornsby U-Co 3840 Lindell Av

20. FILED AUG 19 1935, 19..... J F Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Aug 19th, 1935

22. I HEREBY CERTIFY, That I attended deceased from January 17 —, 1935, to Aug 19 —, 1935

I last saw him alive on Aug 18 —, 1935. Death is said to have occurred on the date stated above, at 7:15 a.m.

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

Carcinoma of the Colon

Date of onset: First discovered Apr 4-35

Other contributory causes of importance: Chronic Arthritis

Name of operation ..... Date of .....

What test confirmed diagnosis? X Ray Wall 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) R. Brent Murphy, M. D.

(Address) 6120 Victoria Ave

Dr R Murphy
6120 Victoria
Hi 0107