JUN 4 1928

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

Do not use this space.

1. PLACE OF DEATH
County St. Francois — Registration District No. 22
Township Randolph — Primary Registration District No. 6024B.
City Frankclay (No. ..... St. ..... Ward)

File No. 14550
Registered No. 19

2. FULL NAME William T. O'Neal

(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~~ Minervia L. O'Neal

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 10, 1858

7. AGE: Years 70 | Months 1 | Days 6 | If LESS than 1 day, ... hrs. or ..... min.

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

9. BIRTHPLACE (CITY OR TOWN) .....
(STATE OR COUNTRY) Penn.

PARENTS
10. NAME OF FATHER Riley O'Neal
11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Penn.
12. MAIDEN NAME OF MOTHER Dunnigan
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Penn.

14. INFORMANT Blanche G. Griffith
(Address) Frankclay, Mo.

15. FILED 5/10, 1928 N E Aebischer
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Apr. 16 1928

17. I HEREBY CERTIFY, That I attended deceased from Apr. 15, 1928, to Apr 16, 1928, that I last saw him alive on Apr 16, 1928, and that death occurred, on the date stated above, at ..... a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
1. Intra-Cranial Hemorrhage
(duration) ..... yrs. ..... mos. 15 hr. ..... ds.
CONTRIBUTORY (SECONDARY) Leukemia
(duration) 2 yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED? None
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? No. DATE OF .....
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Clinical & Laboratory
(Signed) N E Aebischer, M. D.
4/16, 1928 (Address) Leadwood 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 Desarc. Mo — DATE OF BURIAL 4/17 1928

20. UNDERTAKER J S Boyer — ADDRESS Leadwood

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD