

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

Do not use this space.

39383

1. PLACE OF DEATH

County Shelby
Township Shelby
City Shelbyville (No.)

Registration District No. 830
Primary Registration District No. 6091

File No. 53
Registered No.
St. Ward)

2. FULL NAME

(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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John H. O'Neil

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec 28 1947

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	81	10	21	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work. Housewife
(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) Kentucky

10. NAME OF FATHER Thomas Skippine

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

12. MAIDEN NAME OF MOTHER Leach

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

14. INFORMANT Mrs. I. da. Harides
(Address) Shelbyville, Mo.

15. FILE NO. Dec 29 Madge Looch REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov. 19 - 1929

17. I HEREBY CERTIFY, That I attended deceased from 19..... to 19..... that I last saw h..... alive on 19..... and that death occurred, on the date stated above, at 1:00 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

acute dilatation of the heart
911
95B (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) arterio sclerosis (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH. inquest deemed necessary

DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY? Had been treated for heart trouble for some time

WHAT TEST CONFIRMED DIAGNOSIS? (Signed) E. P. Thompson M.D.

. 19 (Address) Shelbyville, 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 Shelbyville, Mo. DATE OF BURIAL Nov 21 1929

20. UNDERTAKER Hayes Shelbyville ADDRESS

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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