

SEP 26 1930

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

Do not use this space.

27581

1. PLACE OF DEATH

County Pettis
Township Bowling Green
City St. Louis

Registration District No. 690
Primary Registration District No. 5-893
(No. 5 mi north Sikeston)

File No. 27581
Registered No. _____
St. _____ Ward _____

2. FULL NAME

(a) Residence. No. 5 mi N Sikeston 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 J 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 _____

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Apr 11 1847

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
83 4 3

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work _____
(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) mo

10. NAME OF FATHER John Carter
11. BIRTHPLACE OF FATHER (CITY OR TOWN) _____
(STATE OR COUNTRY) mo
12. MAIDEN NAME OF MOTHER Susan Campbell
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) _____
(STATE OR COUNTRY) mo

14. INFORMANT Sam O'Neill
(Address) Beauvais mo

15. FILED 8/14 1930 _____ REGISTRAR

2 2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 14 1930

17. I HEREBY CERTIFY, That I attended deceased from July 1, 1930 to Aug 14, 1930 that I last saw him alive on July 1, 1930 and that death occurred, on the date stated above, at _____ m.

THE CAUSE OF DEATH WAS AS FOLLOWS:

Chronic Valvular Heart disease
131
92A (duration) 4 yrs. _____ mos. _____ ds.

CONTRIBUTORY Chronic Nephritis (SECONDARY) (duration) several yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED _____
IF NOT AT PLACE OF DEATH _____

8 DID AN OPERATION PRECEDE DEATH? DATE OF _____

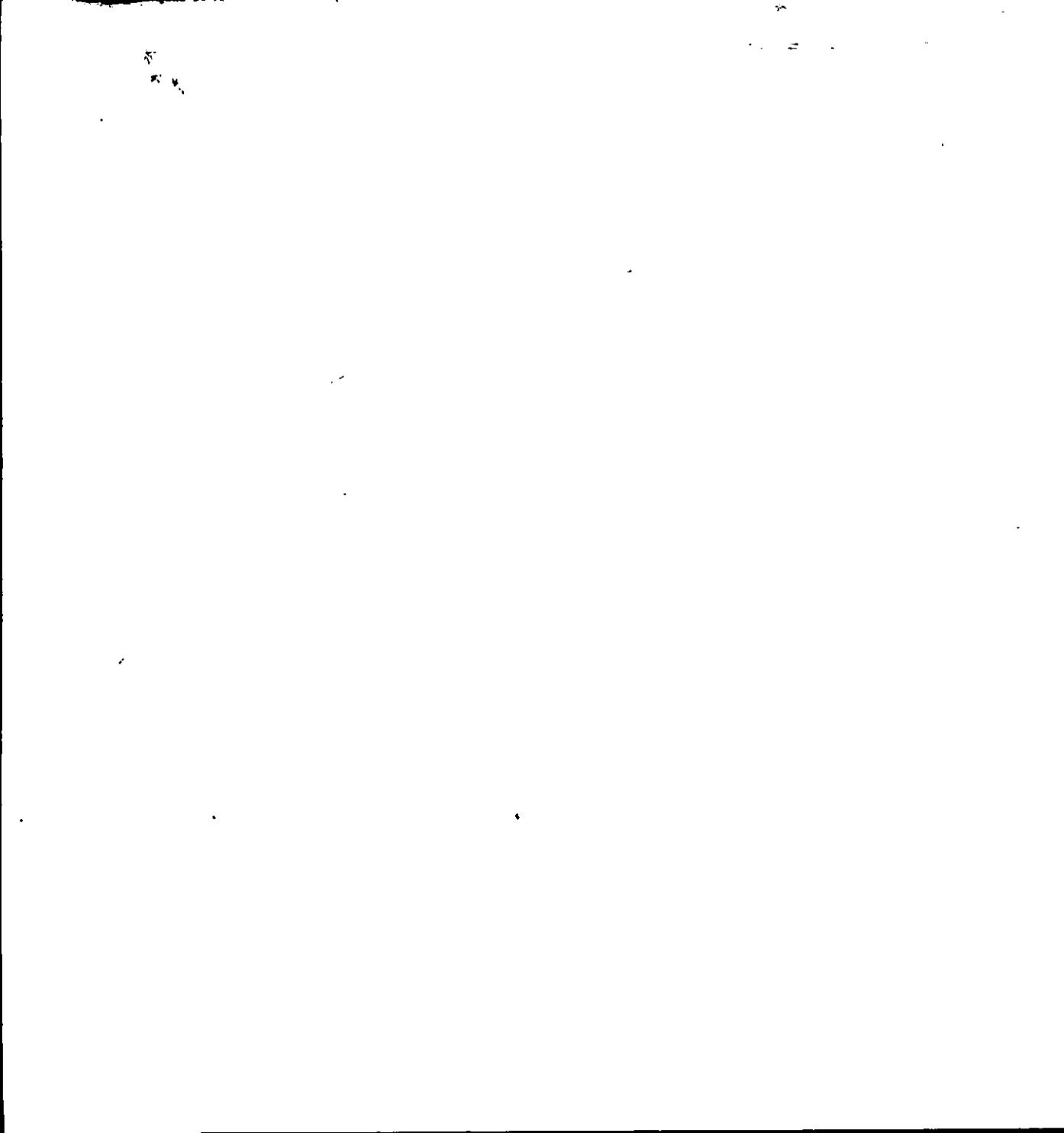
WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS (Signed) Robt H Fogle, M. D.
, 19 _____ (Address)

*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 Providence DATE OF BURIAL 8/16 1930

20. UNDERTAKER Gullespie ADDRESS Sudonia



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

ALL INFORMATION CALLED
FOR MUST BE WRITTEN ON
THIS SUPPLEMENTARY.

1. PLACE OF DEATH.

County Pettis Registration District No. 670 File No.
 Township Bowling Green Primary Registration District No. 2893 Registered No. 19
 City 3 mi North Smithton St. Ward

2. FULL NAME Lucy Jane O'Neill

(a) Residence. No. 5 1/2 N. Smithton 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 F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) wid

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Apr. 11, 1879

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
83 4 3

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

(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) Mo

10. NAME OF FATHER John Carter

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY) Mo

12. MAIDEN NAME OF MOTHER Lucy Campbell

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY) Mo

14. INFORMANT Lynn O'Neill
 (Address) Beaman Mo

15. FILED Oct 7, 1930 Flossie Ferguson
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 14 19 30

17. I HEREBY CERTIFY That I attended deceased from July 1, 1930, to Aug 14, 1930
 that I last saw her alive on July 11, 1930, and that death occurred, on the date stated above, at

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic Valvular Heart Disease

CONTRIBUTORY (SECONDARY) Chronic nephritis (duration) 4 yrs. mos. ds.
Don't know (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH:

DID AN OPERATION PRECEDE DEATH?

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) Robert T. Foyle, M. D.
 , 19 (Address)

*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 Providence DATE OF BURIAL 8/16 19 30

20. UNDERTAKER Gillespie ADDRESS Sedalia

LAW A FEE FOR CERTIFICATES UNTIL LIFE ARE COM. TE AS PR. RI. ...

SUPPLEMENTARY

S-27531