

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

Do not use this space.

12789

1. PLACE OF DEATH

County Jackson Registration District No. 300
 Township Kaw Primary Registration District No. 1002
 City Kansas City (No. 3228, East 6th) St. _____ Ward _____

File No. _____
 Registered No. 1731

2. FULL NAME

James Harvey O'Neal
 (a) Residence No. 3228 East 6th St. 9 Ward _____
 (Usual place of abode)
 Length of residence in city or town where death occurred 32 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED (HUSBAND OF OR) WIFE OF <u>Mrs. Sarah Elizabeth O'Neal</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept. 26 - 1840</u>		
7. AGE	YEARS <u>91</u>	MONTHS <u>6</u>
	DAYS <u>29</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Retired</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Stationary Engineer</u>	
	10. Date deceased last worked at this occupation (month and year) <u>1.5 years</u>	11. Total time (years) spent in this occupation _____
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Kentucky</u>		
FATHER	13. NAME <u>George W. O'Neal</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Kentucky</u>	
MOTHER	15. MAIDEN NAME <u>Harriet Williams</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Kentucky</u>	
17. INFORMANT (ADDRESS) <u>Mr. George B. O'Neal</u> <u>3228 East 6th St.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Narrowsburg, Mo.</u> DATE <u>April - 27</u> , 19 <u>32</u>		
19. UNDERTAKER (ADDRESS) <u>D. N. Newcomer Sons</u> <u>Kansas City, Mo.</u>		
20. FILED <u>4/26</u> , 19 <u>32</u> <u>M. M. Crowe</u> <u>Arch. Registrar.</u>		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April - 25, 1932

22. I HEREBY CERTIFY, That I attended deceased from Mar 16, 1932, to April 25, 1932.
 I last saw him alive on April 25, 1932. Death is said to have occurred on the date stated above, at 10:00 A.M.
 The principal cause of death and related causes of importance were as follows:
Inflammation & infection of prostate gland
 Other contributory causes of importance: None
 Date of onset _____

Name of operation _____ Date of _____
 What test confirmed diagnosis? None Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? no 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) A. R. Greenlee, M. D.
 (Address) 407 West Main Ave

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.

Mr. A. N. [unclear]

H. [unclear] Northman (31st & Troost)

June 1-4

GROUP OF
[unclear]