

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

Do not use this space.

2083

1. PLACE OF DEATH

53

County Laclede
Township Selmon
City (No.)

Registration District No. HALO 9
Primary Registration District No. 5609

File No.
Registered No. 1800
St. Ward)

2. FULL NAME

Doris Jane 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 <u>F</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec 23 - 1932</u>		
7. AGE YEARS	MONTHS	DAYS
		<u>12</u>
		If LESS than 1 day, hrs. or min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	11. Total time (years) spent in this occupation
	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)	

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Laclede County Mo

13. NAME Milburn O'Neal

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

15. MAIDEN NAME Thelma Gibson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. James Mo

17. INFORMANT D. S. O'Neal
(ADDRESS) Laclede Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Bellefontaine DATE Jan 5 1933

19. UNDERTAKER Wagner
(ADDRESS) Selmon

20. FILED Jan 5 1933 J. W. Ballinger
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 4 1933

22. I HEREBY CERTIFY That I attended deceased from Jan 4 1933 to Jan 4 1933

I last saw her alive on Jan 4 1933 Death is said

to have occurred on the date stated above, at 12 noon

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

Sclerosis
16/13 / 6/13

Date of onset Dec 25

Other contributory causes of importance:

Name of operation none Date of none
What test confirmed diagnosis Shupers' exam Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no Date of injury

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 none
Nature of injury none

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) Wagner M. D.
(Address) Laclede Mo

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.

FEB 28 1933

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