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.

JAN 26 1934

71

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

Do not use this space.

1. PLACE OF DEATH
County Morgan
Township Morgan
City ..... (No. ....., 5792 ..... St. ..... Ward)

Registration District No. 598
Primary Registration District No. ~~4355~~

File No. 33803 A
Registered No. 50

2. FULL NAME Peggie Gene Oneal

(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: female
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 9 - 1933

7. AGE — YEARS: — MONTHS: — DAYS: 11 — If LESS than 1 day, ... hrs. or ..... min.

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Morgan Co

FATHER
13. NAME Loyd Oneal
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Morgan Co

MOTHER
15. MAIDEN NAME Juanita Maxine Loganbell
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Morgan Co

17. INFORMANT (ADDRESS) Loyd Oneal

18. BURIAL, CREMATION, OR REMOVAL Excelsior Cemetery
PLACE Excelsior, Mo. DATE 12-20 1933

19. UNDERTAKER (ADDRESS) W. F. Kidwell

20. FILED 10-20 1933 H. N. Lutman
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 20, 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct 9 -, 1933, to Oct 20, 1933
I last saw him alive on Oct 9 -, 1933. Death is said to have occurred on the date stated above, at 3 a. m.
The principal cause of death and related causes of importance were as follows:

Premature 6½ mo,
159 159

Date of onset

Other contributory causes of importance:

Name of operation — Date of —
What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? — 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. J. Guan, M. D.
(Address) Versailles, Mo