FEB 25 1935

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

Do not use this space.

931

1. PLACE OF DEATH
County: Greene — Registration District No.: 318 — File No.: 40
Township: — Primary Registration District No.: 2001 — Registered No.:
City: Springfield (No. ..., ... St. ..... Ward)

2. FULL NAME: James Edward O'Neal
(a) Residence, No. 863 N Campbell St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred: 37 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: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Sadie Porter
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): May 20-1897
7. AGE: Years 37 — Months 8 — Days — If LESS than 1 day, ... hrs. or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Railway
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Fireman
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): Springfield Mo

FATHER
13. NAME: John L. O'Neal
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Missouri

MOTHER
15. MAIDEN NAME: Nettie Lowe
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): England

17. INFORMANT (ADDRESS): Sadie M. O'Neal 863 N Campbell
18. BURIAL, CREMATION, OR REMOVAL
PLACE: Sh Mary's DATE: 1/22 19 35
19. UNDERTAKER (ADDRESS): Seaman & Simpson Springfield Mo
20. FILED: 1-22 19 35 — Robert Wollard Registrar. Ruth Hylton

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Jan 20 1935
22. I HEREBY CERTIFY, That I attended deceased from — 19..., to — 19...
I last saw him alive on Jan 21 1935. Death is said to have occurred on the date stated above, at 11:30 A. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Gunshot Wound - bullet penetrating right lung at 8th rib and aorta	
Other contributory causes of importance:	

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

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Homicide Date of injury 1-20 1935
Where did injury occur? Springfield Greene Mo. (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Public Place
Manner of injury: Gun shot wound
Nature of injury: Wound of right lung and aorta
24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) Chas A. Georgi Coroner, M. D.
(Address) Springfield 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.