

AUG 22 1935

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

Do not use this space.

24110

1. PLACE OF DEATH

County RandolphTownship Cairo,City Irwin O'Neal (No. _____, _____ St. _____ Ward)Registration District No. 129Primary Registration District No. 5963

File No. _____

Registered No. 4

2. FULL NAME

(a) Residence, No. S. E. Cairo, Mo. St. _____ Ward. _____

(Usual place of abode)

Length of residence in city or town where death occurred 55 yrs. mos. ds.(If nonresident, give city or town and State)
How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*)
Married.

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Lillie Christman O Neal.6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 8 -1879.

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

55 8 8

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. Farmer.

10. Date deceased last worked at this occupation (month and year) _____

11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) Cairo Twp.
(STATE OR COUNTRY) Randolph Co. Mo.

13. NAME Omer O'Neal.

14. BIRTHPLACE (CITY OR TOWN) D. K.
(STATE OR COUNTRY)

15. MAIDEN NAME Nelio O'Bryan,

16. BIRTHPLACE (CITY OR TOWN) Huntsville,
(STATE OR COUNTRY) LO.

17. INFORMANT Lillie O'Neal.
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE Oakland Cem. DATE July 18 3519. UNDERTAKER Snow Funeral Home.
(ADDRESS) Liberty, Mo.20. FILED July 18 1935 J. P. Allen Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 16 35 19

22. I HEREBY CERTIFY, That I attended deceased from July 16, 1935, to July 16, 1935.
I last saw him alive on July 16, 1935. Death is said to have occurred on the date stated above, at 10 A. m.

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

Braining Thompson's July 16 1935

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? _____

If so, specify _____

(Signed) John P. Allen M. D.(Address) Cairo, 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.

WHILE FILLING IN WITH UNFADING INK—THIS IS A PERMANENT RECORD

