

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

Do not use this space.

JAN 20 1937

**1. PLACE OF DEATH**

County Howell Registration District No. 384  
 Township Howell Primary Registration District No. 533  
 City West Plains, Mo. St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. 37512-2  
 Registered No. \_\_\_\_\_

**2. FULL NAME**

Tiddia C. O'Neil  
 (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>FE</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>W. E. Oel-</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov. 1 - 1865</u>		
7. AGE YEARS <u>70</u>	MONTHS <u>11</u>	DAYS <u>11</u>
If LESS than 1 day, _____ hrs. or _____ min.		
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>		
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) Marion Springs  
 (STATE OR COUNTRY) Arkansas

13. NAME Marion Allen  
 14. BIRTHPLACE (CITY OR TOWN) York  
 (STATE OR COUNTRY)  
 15. MAIDEN NAME Ruff-  
 16. BIRTHPLACE (CITY OR TOWN) York  
 (STATE OR COUNTRY)

17. INFORMANT W. E. Oel-  
 (ADDRESS) West Plains, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Union Hill DATE 10/14

19. UNDERTAKER Robinson  
 (ADDRESS) West Plains, Mo.

20. FILED 10-14 1936 Vida W. Simons  
 Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 12 - 1936

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_.

I last saw h\_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_. Death is said to have occurred on the date stated above, at 3:00 p.m.

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

Myocarditis

Other contributory causes of importance None

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? No

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) Paul B. Whelan, M. D.

(Address) West Plains, Mo.

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.

