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.

DEC 18 1936

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

Do not use this space.

40395

File No.
Registered No. 1370

1. PLACE OF DEATH
County Buchanan — Registration District No. 85
Township — Primary Registration District No. 1001
City St. Joseph (No. II5 West Highland, St. Ward)

2. FULL NAME Catherine R. O'Neill
(a) Residence, No. II5 West Highland St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 47 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): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Patrick O'Neill

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 2I st I860

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
76	9	I0	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. life
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) Fenchopo Parish La.

FATHER
13. NAME Antoine Rhoner
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Switzerland

MOTHER
15. MAIDEN NAME Catherine Cazonova
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Switzerland

17. INFORMANT Herman O'Neill
(ADDRESS) II5 West Highland

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt Olivett DATE Nov 4 I936, 19

19. UNDERTAKER Dunn-Wyatt
(ADDRESS) 218 S 10

20. FILED Nov 4 1936 R J Hecklebeul
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov Ist I936, 19

22. I HEREBY CERTIFY, That I attended deceased from 4-23-36, 19, to 10-31, 1936
I last saw h. alive on 10-31, 1936. Death is said to have occurred on the date stated above, at 1:50 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomach (primary)	
" Liver	

Other contributory causes of importance:
Intl Bleeding (acute)

Name of operation ... Date of ...
What test confirmed diagnosis? No 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 ..., 19..
Where did injury occur? No (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. No
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) Clarence W Craig, M. D.
(Address) 303 Corby Building