

APR 20 1937

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

Do not use this space.

1. PLACE OF DEATH #1

County Harrison
Township 3
City Cainsville, Mo. (No. 3)

Registration District No. 336
Primary Registration District No. 7129
City Cainsville, Mo.

File No. 12025
Registered No. 4
St. _____ Ward _____

2. FULL NAME Unity O'Neal

(a) Residence, No. Cainsville, Mo. Ward _____

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 69 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 John O'Neal
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April, 19, 1857
7. AGE YEARS 79 MONTHS 10 DAYS 28 IF LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper
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) Jackson, Ohio.

13. NAME Leonard Jacobs

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

15. MAIDEN NAME Minerva Bunn

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

17. INFORMANT Mrs. Maude Lightfoot (ADDRESS) Cainsville Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Boar Cemetery DATE March 19, 1937

19. UNDERTAKER Eddie H. Stoklass (ADDRESS) Cainsville Mo

20. FILED 3/18, 1937 O. E. Delee Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March, 17, 1937

22. I HEREBY CERTIFY, That I attended deceased from Nurs, 19____, to _____, 19____

I last saw h _____ alive on _____, 19____. Death is said

to have occurred on the date stated above, at 2 P m.

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

Was consulted day before death history given some kind spells of indigestion future date made for an examination. Called next day was 30 min late and she was dead

Other contributory causes of importance: Breath held about 30 min

so relations state so can give no cause of death No medical attendant. No

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) W. J. Deuff, M. D.

(Address) Cainsville 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.

1. The purpose of this document is to provide a comprehensive overview of the current state of the project and to identify the key areas that require attention.

2. The project has made significant progress since the last meeting, with several key milestones being achieved. However, there are still a number of challenges that need to be addressed in order to ensure the successful completion of the project.

3. The main areas of concern are the lack of resources, the need for better communication, and the need for more frequent updates. It is essential that we address these issues as a matter of priority in order to avoid any delays or setbacks.

4. In order to address these issues, it is recommended that we allocate additional resources, improve our communication channels, and provide more frequent updates to the project team. This will ensure that we are able to identify and address any potential problems as they arise.

5. The project team is committed to the successful completion of the project and will continue to work hard to overcome any challenges that may arise. We will keep you updated on our progress and any changes to the project plan.