

ACT 18 1937

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

Do not use this space.

1. PLACE OF DEATH

County Cape Girardeau Registration District No. 125 File No. 33874  
Township \_\_\_\_\_ Primary Registration District No. 3009 Registered No. 293  
City Cape Girardeau (No. \_\_\_\_\_, Southeast Missouri Hospital St. \_\_\_\_\_ Ward)

2. FULL NAME

Elsie O'Neal  
(a) Residence, No. Ladonville, Mo. R#1 St. \_\_\_\_\_ Ward Ladonville Mo. R#1  
(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 Female 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 E. A. O'Neal

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 20, 1875  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
62 - 30

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.  
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) Cape Girardeau County, Mo

FATHER 13. NAME James Anderson Kinder  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cape Girardeau County, Mo

MOTHER 15. MAIDEN NAME Mary Elizabeth Strong  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cape Girardeau County, Mo

17. INFORMANT E. A. O'Neal  
(ADDRESS) Ladonville, Mo. R.F.D. #1

18. BURIAL, CREMATION, OR REMOVAL PLACE Russell Heights DATE Sept. 21st 1937

19. UNDERTAKER Mack-Wilson-Howard, Inc.  
(ADDRESS) Jackson, Mo.

20. FILED 9-19-37 John C. Thompson  
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 19 - 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan. 14 - 1926, to Sept. 19 - 1937, 1927  
I last saw her alive on Sept. 19, 1937. Death is said to have occurred on the date stated above, at 7:30 a.m.

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

Cholelithiasis Date of onset

Other contributory causes of importance:

Name of operation Removal of Gall Bladder Date of Sept 16-37  
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) H. H. Ford, M. D.

(Address) Ladonville - Mrs.

