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.

100M-3-[illegible]-35

REC'D MAR 23 1938

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

Do not use this space.

1. PLACE OF DEATH
County St. Charles
Township St. Charles
City St. Charles (No. St. Jos. Hospital St. Ward)

Registration District No. 757
Primary Registration District No. 3036

File No. 7997
Registered No. 19

2. FULL NAME Alice Oney 50
(a) Residence, No. Wentzville, Mo. 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. 1 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 William L. Oney
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 17-1879
7. AGE YEARS 58 MONTHS 1 DAYS 16 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House work in homes.
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) Leidman Virginia

FATHER
13. NAME Thomas Gibson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Leidman Virginia

MOTHER
15. MAIDEN NAME Ester Huget
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Leidman Virginia

17. INFORMANT (ADDRESS) William L. Oney Wentzville Mo.
18. BURIAL, CREMATION, OR REMOVAL
PLACE Wentzville Mo. DATE 2-5 1938
19. UNDERTAKER (ADDRESS) T. E. Pittman Wentzville, Mo.
20. FILED 2/2 1938 Clarence G. Wessler Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 2 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb 2, 1938, to Feb. 2, 1938
I last saw her alive on Feb. 2, 1938. Death is said to have occurred on the date stated above, at 11:30 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Central Apoplexy.	3-1-38
8261	

Other contributory causes of importance:

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) J. M. Jenkins, M. D.
(Address) St. Charles Mo