

REC'D JUN 8 1938

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

18663

Do not use this space.

1. PLACE OF DEATH *Lebanon Mo*
- (a) County *Lebanon* Registration District No. *449*
(b) Township *Lebanon* Primary Registration District No. *5609* Registered No. _____
(c) City _____ (d) Street No. _____ (If death occurred in Hospital or Institution, write its name instead of street and number) St. _____
(e) Length of residence in city or town where death occurred *4* yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds. *54.0*
2. PRINT FULL NAME *Bernard Hall Oreal*
- (a) Residence, No. *Lebanon, Lebanon County, Mo.* (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 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 *Sarah Oreal*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Feb 5 1860*

7. AGE *78* YEARS *3* MONTHS *25* DAYS If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. *Farmer*
9. Industry or business in which work was done, as 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) *Carbondale Ill*

13. NAME *William Oreal*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Tenn*

15. MAIDEN NAME *Sarah Pulley*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Tenn*

17. INFORMANT (ADDRESS) *Christina Oreal*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Dalson Cemetery 5/31 1938*

19. FUNERAL DIRECTOR (ADDRESS) *E. H. Stewart Lebanon Mo*

20. FILED *6-1-38 J. A. McComb Local Registrar*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *May 30 1938*

22. I HEREBY CERTIFY, That I attended deceased from *NOV. 37 May 28 1938*

I last saw him alive on *May 28 1938* 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:

Cancer of colon

Date of onset

Other contributory causes of importance:

Name of operation *none* Date of _____

What test confirmed diagnosis? *Physical* 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. A. McComb*, M. D.

(Address) *Lebanon Mo*

STATEMENT BY LICENSED EMBALMER

I, E N Stewart....., Licensed Embalmer No. 1855.

hereby certify that the body recorded on the reverse side of this certificate was embalmed by This Body was Not Embalmed

..... L. E.

No. or by Registered Apprentice No.

working under my personal supervision.

Signed E N Stewart

..... Licensed Embalmer No. 1855

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)