

NOV 15 1938

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

35138  
Do not use this space.

1. PLACE OF DEATH

(a) County Buchanan Registration District No. 85  
(b) Township                      Primary Registration District No. 1001 Registered No. 1033  
(c) City St. Joseph (d) Street No. 1201 Atchison St.  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(e) Length of residence in city or town where death occurred 50 yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME James Winston O'Neal

(a) Residence, No. 1201 Atchison St. St.             
(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 Effie O'Neal  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) December 12, 1875  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
62 10 3

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Machinist  
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 20

12. BIRTHPLACE (CITY OR TOWN) Evansville (STATE OR COUNTRY) Indiana

13. NAME William O'Neal

14. BIRTHPLACE (CITY OR TOWN) Unknown (STATE OR COUNTRY) Canada

15. MAIDEN NAME Anna Sullivan

16. BIRTHPLACE (CITY OR TOWN) Allen Town (STATE OR COUNTRY) Penn.

17. INFORMANT Mrs. Effie O'Neal (ADDRESS) 1201 Atchison St. St. Jos, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Memorial Park Cem. DATE 10/18/38

19. FUNERAL DIRECTOR (NAME) Walter Meierhoffer (ADDRESS) 1502 Fernon St. St. Jos. Mo.

20. FILED Oct 18 1938                      Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) October 15, 1938

22. I HEREBY CERTIFY, That I attended deceased from Aug 12, 1938, to Oct 15, 1938  
I last saw h. in alive on Sept 17, 1938. Death is said to have occurred on the date stated above, at 11:40Pm.  
The principal cause of death and related causes of importance were as follows:

Acute Coronary Thrombosis, 12h  
Coronary Occlusion (P)  
Date of onset                     

Other contributory causes of importance:                     

Name of operation none Date of                       
What test confirmed diagnosis? Clinical 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? no  
If so, specify                       
(Signed)                     , M. D.  
(Address) Phys. & Surg. Bldg.

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.

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, Wilbur Kell

....., or by .....

Registered Apprentice No. ...., working under my personal supervision.

Signed W. H. Kelly

Licensed Embalmer No. Mo. 3946

P. O. Address 1302 Faraon St. St. Joe

**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.)**

**If this body is not embalmed, above space should be left blank.**