

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

Do not use this space.

1. PLACE OF DEATH DECEASED FEB 27 1939
 County SALINE Registration District No. 796 File No. 3973
 Township MARSHALL Primary Registration District No. 338 Registered No. 4
 City (No. Fitzgibbon Hospital) St. _____ Ward _____
 2. FULL NAME SILAS ONEAL
 (a) Residence, No. BLACKWATER St. MO 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. da. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) MARRIED
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF MARTHA
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) MARCH 15-1874
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
64 9 16
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. TINNER
 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) MISSOURI

FATHER 13. NAME AMOS ONEAL
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) VA.

MOTHER 15. MAIDEN NAME LUCY CRAMER
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) TEXAS

17. INFORMANT MRS RILEY ONEAL
 (ADDRESS) BLACKWATER MO

18. BURIAL, CREMATION, OR REMOVAL
 PLACE OLD LAMINE DATE 1-3-1939

19. UNDERTAKER GILLESPIE FUNERAL HOME
 (ADDRESS) SEBASTIA MO

20. FILED 1-3-1939 Mary Kent
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 1 1939
 22. I HEREBY CERTIFY, That I attended deceased from Dec. 30 1938 to Jan. 1 1939.
 I last saw him alive on Jan. 1 1939. Death is said to have occurred on the date stated above, at 4:55A m.
 The principal cause of death and related causes of importance were as follows:

Herniostomy Date of onset 12/31/1938

Other contributory causes of importance:

Pulmonary embolus
 Name of operation Herniostomy Date of 12/31/38
 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? No
 If so, specify _____
 (Signed) William Marshall M. D.
 (Address) Marshall 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 impor

122 a

Date Filed 11/9/89
District File Number

District Health Officer No. 8,

RECEIVED

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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

3972

Do not use this space.

PLACE OF DEATH
(a) County Jalme Registration District No. 796
(b) Township _____ Primary Registration District No. 3038 Registered No. _____
(c) City Marshall (d) Street No. _____ 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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Silas O'neal
(a) Residence, No. _____ St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>M</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>M</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR)				
7. AGE	YEARS <u>64</u>	MONTHS <u>9</u>	DAYS <u>16</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.			
	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)				
FATHER	13. NAME			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)			
MOTHER	15. MAIDEN NAME			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)			
17. INFORMANT (ADDRESS)				
18. BURIAL, CREMATION, OR REMOVAL PLACE _____ DATE _____ 19__				
19. FUNERAL DIRECTOR (ADDRESS)				
20. FILED _____ 19__				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-1, 1939

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

I last saw h. _____ alive on _____, 19__ Death is said to have occurred on the date stated above, at _____ m.

The principal cause of death and related causes of importance were as follows:
Hemorrhage
Pulmonary Embolism
Peritonitis

Other contributory causes of importance:
Pulmonary Embolism

Name of operation Hemorrhage Site of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

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 G. A. Aiken, M. D.
(Signed) _____
(Address) Marshall, Mo.

SUPPLEMENTAL COPY

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PROFESSIONS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

Local Registrar.

