

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

REC'D FEB 28 1939

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

Do not use this space.

1. PLACE OF DEATH

County SULLIVAN
Township MORRIS
City Wingspan (No. _____, St. _____, Ward _____)

Registration District No. 849
Primary Registration District No. 6125

File No. 4134
Registered No. 1

2. FULL NAME

BETTY MAE ONEY

(a) Residence, No. _____, 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. 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)

SINGLE

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

1-11-39

7. AGE

YEARS

MONTHS

DAYS

IF LESS than 1 day, _____ hrs. or _____ min.

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

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

0

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

Wingspan MISSOURI

13. NAME

Ellis Oney

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

GREENUP KENTUCKY

15. MAIDEN NAME

VERNA MAE BROWN

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

Prestonsburg KENTUCKY

17. INFORMANT (ADDRESS)

Ellis Oney Wingspan, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Wingspan DATE Jan. 11 - 1939

19. UNDERTAKER (ADDRESS)

Ellis Oney 711 Wingspan - Mo.

20. FILED

7-31 1939 Virginia Gibson Registrar

MEDICAL CERTIFICATE OF DEATH

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

1-11 1939

22. I HEREBY CERTIFY, That I attended deceased from

1-11-39, to 1-11-39

I last saw him 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:

Still Born Blue Baby

Date of onset

Other contributory causes of importance:

Name of operation _____

Date of _____

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

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. E. Decker M.D.
Wingspan, Mo.

RECEIVED

District Health Officer No. 10

District File Number 10-34-232

Date Filed FEB 5 1939