

APR 13 1939

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

10855
Do not use this space.
270

1. PLACE OF DEATH
(a) County GREENE Registration District No. 318
(b) Township SPRINGFIELD Primary Registration District No. 2001 Registered No. 270
(c) City SPRINGFIELD (d) Street No. 2355 N. Broadway 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 64 yrs. 1 mo. 15 da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME Clavin Thomas O'Neal

(a) Residence, No. 2355 N. Broadway 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 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 Isabelle O'Neal

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 14, 1875

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
64 1 15

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

9. Industry or business in which work was done, as saw mill, bank, etc. Sp. Gen. Road District

10. Date deceased last worked at this occupation (month and year) 12.3.34

11. Total time (years) spent in this occupation 10

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

FATHER 13. NAME Thomas Jefferson O'Neal

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

MOTHER 15. MAIDEN NAME Lovina Bradley

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cave Springs, Mo.

17. INFORMANT (ADDRESS) Mrs. E. T. O'Neal
2355 N. Broadway Sp. Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Greenlawn DATE Mar 31, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) F. C. Thieme
Springfield, Mo.

20. FILED Mar 29, 1939 Chas. H. George (Address) Springfield Mo.
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 29, 1939

22. I HEREBY CERTIFY, That I attended deceased from 3/19/39, to 3/29/39, 1939
I last saw him alive on 3/27/39, 1939. Death is said to have occurred on the date stated above, at 6 A.M.
The principal cause of death and related causes of importance were as follows:

Carcinoma of Lg
With metastasis to
Intestinal tract
Date of onset 4/5

Other contributory causes of importance:
Cornary Block with
Block. Artery Factoris

Name of operation Radical Lg Date of 3-28
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 _____
(Signed) C. E. Fetter, M. D.

WRITE PLAINLY, WITH UNFADING INK. THIS IS A VITAL STATISTICS FORM. 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, or by.....

Ralph Thomas

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Ralph Thomas

Licensed Embalmer No.....

3681

P. O. Address.....

Springfield, Mo.

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.

X