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

Do not use this space.

File No. 33413

Registered No.

1. PLACE OF DEATH
County Jasper
Township Marion
City Carthage (No. St. Ward)
Registration District No. 408
Primary Registration District No. 3020

2. FULL NAME Virginia C. O'Neall

(a) Residence, No. 660 Howard St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 64 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF (OR) WIFE OF George C. O'Neall

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 8, 1862

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
	71	0	18	

OCCUPATION

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

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) Carlton (STATE OR COUNTRY) Indiana

FATHER

13. NAME Henry Kuhn

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

MOTHER

15. MAIDEN NAME Alsina Reese

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

17. INFORMANT (ADDRESS) Miss Blanche Kuhn, Carthage, Missouri

18. BURIAL, CREMATION, OR REMOVAL
PLACE Park Cemetery DATE Oct. 28, 1933

19. UNDERTAKER Howell Mortuary
(ADDRESS) Carthage, Missouri

20. FILED Oct 28, 1933 L. B. Clinton Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 26, 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct. 26, 1933, to Oct 26, 1933
I last saw h. Ev alive on Oct 26, 1933. Death is said to have occurred on the date stated above, at 10:30 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Embolus	Oct 26, '33
9413	9410

Other contributory causes of importance: 9410

Name of operation ... 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?
If so, specify
(Signed) P. A. Martin, M. D.
(Address) Carthage, Mo

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.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD