

DEC 13 1934

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

Do not use this space.

41133

1. PLACE OF DEATH

County..... Registration District No. 791
Township..... Primary Registration District No. 1003
City St. Louis (No. 39-15A Iowa St. Ward)

2. FULL NAME

Ellen O'Neal
(a) Residence, No. 39-15A Iowa St. 24 Ward. (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 2 yrs. mos. ds. 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) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John E. O'Neal

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 6 - 1847

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
87 10 14

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

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) Creevey Co Ireland

13. NAME James Carrighan

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

15. MAIDEN NAME Margaret Craighton

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

17. INFORMANT Mrs Fred Dowling
(ADDRESS) 39-15 Iowa Ave

18. BURIAL, CREMATION, OR REMOVAL
PLACE Gencoln DATE 11-23-34

19. UNDERTAKER Albert H. Stapp's
(ADDRESS) 429 N. English

20. FILED 21 1934 19 J. F. Preest
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 20, 1934

22. I HEREBY CERTIFY, That I attended deceased from June 1933 to Nov 20th, 1934

I last saw him alive on Nov 20th, 1934 Death is said to have occurred on the date stated above, at 6:35 a.m.

The principal cause of death and related causes of importance were as follows:

Broncho pneumonia Date of onset 11-17-34
157A
97

Other contributory causes of importance: Central Arteriosclerosis ??

Name of operation None Date of _____

What test confirmed diagnosis? Thyroid 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) [Signature], M. D.
(Address) 25-11 Brea Ave St Louis Mo

(C. A. Powell)

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

