

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

25155
 Do not use this space.

REC'D AUG 24 1938

1. PLACE OF DEATH
 (a) County Cooper Registration District No. 218
 (b) Township _____ Primary Registration District No. 3019
 (c) City Boonville (d) Street No. St. Joseph's Hospital Registered No. 62
 (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 John Le Roy O'Neill 5110
 (a) Residence, No. 3031 Independence Avenue St. Kansas City, Missouri
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male	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 Single		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) January 16, 1938		
7. AGE YEARS 0	MONTHS 5	DAYS 26
If LESS than 1 day, hrs. or min.		
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. Infant		
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		
13. NAME Dr. W. J. O'Neill		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) California		
15. MAIDEN NAME Geraldine Bourlier		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri		
17. INFORMANT Mrs. Mary Bourlier Mo. (ADDRESS) 3031 Independence Ave., Kansas Cy		
18. BURIAL, PREPARATION OR CREMATION PLACE Lexington, Mo. DATE July 14, 1938		
19. FUNERAL DIRECTOR (NAME) Stine & McSelure (ADDRESS) Kansas City Mo		
20. FILED July 16, 1938 DePouper Local Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **July 12, 1938**

22. I HEREBY CERTIFY, That I attended deceased from **July 10, 1938** to **July 12, 1938**
 I last saw him alive on **July 12, 1938**. Death is said to have occurred on the date stated above, at **1 P.m.**
 The principal cause of death and related causes of importance were as follows:
Broncho-Pneumonia ✓
 Date of onset **10/7/38**

Other contributory causes of importance:

Name of operation..... Date of.....
 What test confirmed diagnosis? **Chl** 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) **W.H. Ziegler**, M. D.
 (Address) **Boonville, 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.

1072

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

Registered Apprentice No....., working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.

OK DEVIN 10 by

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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

25-1535
Do not use this space.

1. PLACE OF DEATH

(a) County Cooper Registration District No. 218
 (b) Township _____ Primary Registration District No. 3015 Registered No. 67
 (c) City Boonville (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

John Le Roy O'Neill
 (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

MEDICAL CERTIFICATE OF DEATH

3. SEX m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED s (write the word)

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 17, 1938

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

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

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min. 5 26

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

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

Bacterial Pneumonia Date of onset

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

Other contributory causes of importance:

13. NAME

No Complications

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

Name of operation _____ Date of _____

15. MAIDEN NAME

What test confirmed diagnosis? _____ Was there an autopsy? _____

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

23. If death was due to external causes (violence), fill in also the following:

17. INFORMANT (ADDRESS)

Accident, suicide, or homicide? _____ Date of injury _____, 19____

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE 19____

Where did injury occur? _____ (Specify city or town, county, and State)

19. FUNERAL DIRECTOR (ADDRESS)

Specify whether injury occurred in industry, in home, or in public place.

20. FILED _____, 19____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify

(Signed) W. H. Ziegler, M. D.

(Address) Boonville Mo.

Local Registrar.

SUPPLEMENTARY

THIS STATE SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW. CAUSE OF DEATH IN PLACE OF OCCUPATION IS VERY IMPORTANT. Exact statement of OCCUPATION is very important.

