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

Do not use this space.

REC'D SEP 19 1939

29823

1. PLACE OF DEATH
County Nodoway
Registration District No. 626
File No.
Township
Primary Registration District No. 2031
Registered No. 114
City Maryville Mo No. St. Francis Hospital St. Ward)
540

2. FULL NAME Mrs Hattie Oneale
(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 F
4. COLOR OR RACE W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow
5A. ~~IF MARRIED~~, WIDOWED, ~~OR DIVORCED~~ ~~HUSBAND OF (OR) WIFE OF~~ Chonley Oneale
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 22 - 1866
7. AGE YEARS 73 MONTHS 6 DAYS 1 If LESS than 1 day, ...hrs. or ....min.

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) (STATE OR COUNTRY) Indiana

FATHER
13. NAME Thomas Simpson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana

MOTHER
15. MAIDEN NAME Rebecca Carter
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana

17. INFORMANT (ADDRESS) Mrs Nell Shisler Stanberry Mo
18. BURIAL, CREMATION, OR REMOVAL
PLACE Stanberry Mo DATE 8/25 1939
19. UNDERTAKER (ADDRESS) Latoy F. Phillips Stanberry Mo
20. FILED 8/25 1939 Mamie E. Clardy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 23, 1939
22. I HEREBY CERTIFY, That I attended deceased from Aug 1, 1939, to Aug 23rd, 1939
I last saw her alive on Aug 23 1939. Death is said to have occurred on the date stated above, at 6:10 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Gronary Thrombosis	
121	

Other contributory causes of importance:
Acute Appendicitis (Gangrenous) Operated Aug 18 - 39 -
Name of operation Appendectomy Date of 8-10-39.
What test confirmed diagnosis? Opr. Was there an autopsy? no.

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? W 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) G. E. Simpson, M. D.
(Address) Stanberry Mo.

RECEIVED
District Health Officer No. 11
9395 1213
SEP 14 1939

Dr. S. E. Simpson