

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

16656

**1. PLACE OF DEATH**

County Jennison Registration District No. 651 File No. \_\_\_\_\_  
 Township Little Prairie Primary Registration District No. 6868 Registered No. 77  
 City Canthersville (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Wyatt M. Neal  
 (a) Residence Rt. 1 Canthersville Ward (chute # 16)  
 (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 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 Annie Neal

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 11-24-1864

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
58 6 2

8. OCCUPATION OF DECEASED  
 (a) Trade, profession, or particular kind of work Farmer  
 (b) General nature of industry, business, or establishment in which employed (or employer)  
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Lake Co. Tenn.  
 (STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER Henry Clay Neal

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown  
 (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Sallie Hodge

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Lake Co. Tenn.  
 (STATE OR COUNTRY)

14. INFORMANT Hugo Neal  
 (Address) Rt. 1 Canthersville

15. File June 9, 1923 Ada Martin  
 REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) 5-26th 1923

17. I HEREBY CERTIFY, That I attended deceased from May 22, 1923, to May 26, 1923 that I last saw him alive on May 24, 1923, and that death occurred, on the date stated above, at 11 o'clock a.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Apoplexy

CONTRIBUTORY (SECONDARY) 7/4/25  
 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED  
 IF NOT AT PLACE OF DEATH...  
 DID AN OPERATION PRECEDE DEATH... DATE OF...

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?  
 (Signed) J. P. Preece, M. D.

May 26, 1923 (Address) Canthersville, Mo.

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Little Prairie Cemetery DATE OF BURIAL 5/28 1923

20. UNDERTAKER Laforge Hud Co. ADDRESS Canthersville 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.

