

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

Do not use this space.

11983

1. PLACE OF DEATH

County Jackson
Township St. Louis
City Hempstead (No. Wesley Hospital)

Registration District No. 399
Primary Registration District No. 1002

File No. 1780
Registered No. 1780
St. _____ Ward _____

2. FULL NAME

William F. Neacock

(a) Residence. No. 1727 Houston 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 m 4. COLOR OR RACE wh 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED OR DIVORCED HUSBAND OF Ira M. Neacock OR WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Apr 24 1862

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>65</u>	<u>0</u>	<u>5</u>	

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

9. BIRTHPLACE (CITY OR TOWN) Marcus Hook
(STATE OR COUNTRY) Penn.

10. NAME OF FATHER Wm G. Neacock

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

12. MAIDEN NAME OF MOTHER Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) _____
(STATE OR COUNTRY) _____

14. INFORMANT Mrs. Ira M. Neacock
(Address) 1727 Houston Ave

15. FILED 4/30 1927 M M Crume
REGISTRAR asst

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Apr. 29 1927
17. _____

I HEREBY CERTIFY, That I attended deceased from 4-2-27 to 4-29-27, 1927, that I last saw him alive on 4-29-27, 1927, and that death occurred, on the date stated above, at 7:15 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Pneumonia lobar
137
1350
108 10/10
duration _____ yrs. _____ mos. 3 ds.

CONTRIBUTORY (SECONDARY) _____
(duration) _____ yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? _____

DID AN OPERATION PRECEDE DEATH? yes DATE OF 4-22-27
WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) J M McCallum, M. D.
4/30, 1927 (Address) 1014 Sangre

*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.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Fredericktown, Mo
DATE OF BURIAL 4/30 1927

20. UNDERTAKER D. H. Newcomer's Son
ADDRESS N. C. 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.

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1014 Orange 13x7.

210.0647

11-12; 3-4.30

dated by check marks, lacking from the death certificate:

Name: William H. Heacock
Who died at: Kansas City, Mo on April 29, 1927
Residence: No. _____ St. _____

(If nonresident, city or town)

Length of residence in city or town where death occurred: Years _____ Months _____ Days _____

Sex: Male Color or race: White Single, married, widowed or divorced: Married

Date of birth: Apr 24, 1862 Age: Years 65 Months 5 Days _____

Occupation: (a) Trade _____ (b) Industry: _____

Birthplace (State or country) _____

Birthplace of father (State or country) _____

Birthplace of mother (State or country) _____

CAUSE OF DEATH: Lobar Pneumonia

Apr. 7, 1927 Suprapubic Cystostomy for vesicle neck obstruction and Apr 22, 1927 Prostatectomy was performed

Contributory: _____

Where was disease contracted? _____

Did operation precede death? yes Date of _____

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

Name of physician: _____

Address of physician: 1014 Argyle Building, Kansas City Mo.

5-11983