

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

Do not use this space.

23413

**1. PLACE OF DEATH**

County Butte Verona

Registration District No. 875

Township Rich Hill

Primary Registration District No. 3039

City Rich Hill, Mo.

File No. 125

Registered No. 125

St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Eva Jennie Neptune

(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) Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Apr-15-1865

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
62 | 2 | 20

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work Housewife  
(b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_  
(c) Name of employer \_\_\_\_\_

9. BIRTHPLACE (CITY OR TOWN) Bloomington Ills.  
(STATE OR COUNTRY)

10. NAME OF FATHER S. V. Calloway

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

12. MAIDEN NAME OF MOTHER V. Dawson July 6

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

14. INFORMANT J. B. Neptune  
(Address)

15. FILED 7/11 1927 C. R. King  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 5 1927

17. HEREBY CERTIFY That I attended deceased from July 5 1927 to July 5 1927  
that I last saw her... alive on July 5 1927, and that death occurred, on the date stated above, at 3:30 P. M.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Pernicious Anemia

71A 580W  
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) \_\_\_\_\_  
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED Rich Hill Mo  
IF NOT AT PLACE OF DEATH: \_\_\_\_\_

19. DID AN OPERATION PRECEDE DEATH? No DATE OF \_\_\_\_\_  
WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Laboratory findings  
(Signed) J. M. Broughton M. D.  
(Address) Verona 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.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL \_\_\_\_\_ DATE OF BURIAL July 7 1927

20. UNDERTAKER Pons + Ready ADDRESS Rich Hill

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.

