JAN 17 1928

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

Do not use this space.

32637

1. PLACE OF DEATH
County Barry
Township Flatrock
City Cassville (No. ..... St. ..... Ward)

Registration District No. 29
Primary Registration District No. 4021

File No. .....
Registered No. 41

2. FULL NAME Abner Vincent Neeley

(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: 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~~ Mary Ellen Neeley

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 10-4-1853

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
74	1	13.	

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) (STATE OR COUNTRY) Barry Co Mo

PARENTS

10. NAME OF FATHER Abner V Neeley
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Indiana
12. MAIDEN NAME OF MOTHER unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Unknown

14. INFORMANT Mrs Mary Hankins
(Address) Cassville Mo

15. FILED Jan 1, 1928 Mrs H. R. Williams Dpt. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

3

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov 17 1927

17. I HEREBY CERTIFY, That I attended deceased from Oct. 30th, 1927, to Nov. 17, 1927 that I last saw him alive on 11-16, 1927, and that death occurred, on the date stated above, at 7.30 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Asthenia, following influenza & pleurisy

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) 11 B

(duration) ..... yrs. ..... mos. ..... ds.

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

DID AN OPERATION PRECEDE DEATH? no DATE OF ✓

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Clinical

(Signed) S. A. Newman, M. D

, 19 (Address) Cassville 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: Horner
DATE OF BURIAL: 11-20 1927

20. UNDERTAKER: Horne Funeral Service
ADDRESS: Cassville 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.