

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.

1928

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

Do not use this space.

1. PLACE OF DEATH

County Henry
Township Clinton
City Clinton

Registration District No. 347
Primary Registration District No. 3018

File No. 23614
Registered No. 92
St. _____ Ward _____

2. FULL NAME

Cyrus Russi Adair Neill

(a) Residence. No. 109 E Green 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) mar

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF S. J. Neill

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 4 1868

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min. 60 | 0 | 29 | 50

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

9. BIRTHPLACE (CITY OR TOWN) Sah-Shawnee (STATE OR COUNTRY) Henry county

10. NAME OF FATHER Wm Adair

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

12. MAIDEN NAME OF MOTHER Dorcas Jigua

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

14. INFORMANT Dr. D. T. Neill (Address) Clinton Mo

15. FILED July 6 1928 Dr. E. C. Peeler REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 3 1928

17. I HEREBY CERTIFY, That I attended deceased from Sept 10, 1927, to April 5, 1928 that I last saw him alive on April 3, 1928, and that death occurred, on the date stated above, at 11 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Malignancy of breast
involving lymphatics
stomach of other organs
(duration) 1 yrs. 1 mos. 0 da.

CONTRIBUTORY (SECONDARY) None
(duration) _____ yrs. _____ mos. _____ da.

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

19. DID AN OPERATION PRECEDE DEATH? No DATE OF Sept 12/27
WAS THERE AN AUTOPSY? No DATE April 5/28

WHAT TEST CONFIRMED DIAGNOSIS? Physical
(Signed) M. J. Stephens, M. D.
, 19 (Address) Clinton 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 Englewood Cem DATE OF BURIAL 7/5 1928

20. UNDERTAKER Spore & Son ADDRESS Clinton Mo

