Main 6600

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

Do not use this space.

30506

1. PLACE OF DEATH
County Jackson — Registration District No. 309
Township Kaw — Primary Registration District No. 17
City Kansas City (No. St Marys Hospital St. Ward)

File No. [illegible]
Registered No. [illegible]

2. FULL NAME Charles Roberts McNeil
(a) Residence. No. 2967 Norton St., 14 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. 4 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 Jennie McNeil

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 27-1891

7. AGE: Years 37 | Months 7 | Days 13 | If LESS than 1 day, ... hrs. or ... min.

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

9. BIRTHPLACE (CITY OR TOWN) Gault
(STATE OR COUNTRY) Mo.

PARENTS
10. NAME OF FATHER Thomas McNeil
11. BIRTHPLACE OF FATHER (CITY OR TOWN) W. Va.
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Louise
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) W. Va
(STATE OR COUNTRY)

14. INFORMANT Jennie McNeil
(Address) 2967 Norton

15. FILED 9/11, 1928 M. M. Crowe Asst REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept-10 1928

17. I HEREBY CERTIFY, That I attended deceased from Sept 3, 1928, to Sept 10, 1928, that I last saw him alive on 9-10-8, 19..., and that death occurred, on the date stated above, at 7 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Septa Peritonitis
Following Empyema appendix
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Hepatitis Cirrhosis
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? Yes DATE OF 9-29-8
WAS THERE AN AUTOPSY? Yes
WHAT TEST CONFIRMED DIAGNOSIS? Autopsy
(Signed) J. S. Snider M.D.
9/10/, 1928 (Address) 1215 Quality Bldg

*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: Forest Hill
DATE OF BURIAL: Sept. 12, 1928

20. UNDERTAKER: Mrs. C. L. Forster
ADDRESS: K.C. Mo.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

J. C. [illegible]
Rialto Bldg
1214 Rialto
main 6600
As soon as Dr.
gets Report on Post

MAY 4 1950