

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

Do not use this space.

37736-a

1. PLACE OF DEATH

County Oregon
Township Goble
City Campbell (In Neal)

Registration District No. 636
Primary Registration District No. 5849
6848

File No. _____
Registered No. 3
St. _____ Ward _____

2. FULL NAME

(a) Residence No. _____ St. _____ Ward _____
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 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 Mary Neal

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 25 1842

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
86 1 0

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) Custer County
(STATE OR COUNTRY) MO.

10. NAME OF FATHER Robert Neal

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

12. MAIDEN NAME OF MOTHER Henderson

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

14. INFORMANT W. H. Hollis
(Address) Alton Mo. R. 2

15. FILED 7/10 1929 Conveh Bailey REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov 25 1928

17. I HEREBY CERTIFY, That I attended deceased from Nov 10 1928 to Nov 20 1928 that I last saw him alive on Nov 10 1928, and that death occurred, on the date stated above, at _____ m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
162 Sterility
164 Sterility (duration) yrs. mos. 1.5 ds.
CONTRIBUTORY (SECONDARY) Sterility (duration) yrs. mos. 1.5 ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH _____
0 DID AN OPERATION PRECEDE DEATH? no DATE OF _____
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS _____
(Signed) W. H. Hollis M. D.
, 19 (Address) Alton 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 Homa Cemetery DATE OF BURIAL 10/26 1928

20. UNDERTAKER P. H. Bennett ADDRESS Alton 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.

1929

