

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.

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

Do not use this space.

1765

1. PLACE OF DEATH

County.....Jackson.....
Township.....Kaw.....
City.....Kansas City..... (No. 221 W. 11th)

Registration District No. 399
Primary Registration District No. 1002

File No.
Registered No. 557
St. Ward

2. FULL NAME Mrs. Margaret Neal

(a) Residence. No. 504 W. 18th St. St. 3 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 Female 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 James E. Neal

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 22-1882

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
46 5 ----- -----

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work None
(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) Missouri

10. NAME OF FATHER Daniel Devine

11. BIRTHPLACE OF FATHER (CITY OR TOWN).....
(STATE OR COUNTRY) No record

12. MAIDEN NAME OF MOTHER No record

13. BIRTHPLACE OF MOTHER (CITY OR TOWN).....
(STATE OR COUNTRY) No record

14. INFORMANT Harry Smith
(Address) 504 W. 18th St

15. FILED 1-24-29 M. M. Lowe
Asst REGISTRAR

2. MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 21, 1929

17. I HEREBY CERTIFY, That I attended deceased from 19....., to 19.....
that I last saw h..... alive on....., 19....., and that death occurred, on the date stated above, at.....m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

92A Chronic myocarditis
93C

CONTRIBUTORY (SECONDARY) Chronic valvular disease
(duration) yrs. mos. ds.

(duration) yrs. mos. ds.

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

19. DID AN OPERATION PRECEDE DEATH..... DATE OF.....

WAS THERE AN AUTOPSY? yes

WHAT TEST CONFIRMED DIAGNOSIS.....
(Signed) Henry M. Staley, M. D.
, 19 (Address) Deputy Coroner

*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 St Mary's Cem DATE OF BURIAL 1/24 1929
20. UNDERTAKER R. Y. Lindsey & Sons ADDRESS KC, Mo.

