MAR 2

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

Do not use this space.

5919

1. PLACE OF DEATH
County Cooper. Registration District No. 218
Township Primary Registration District No. 3016
City Boonville Mo. (No. St. Ward)

File No.
Registered No. 26

2. FULL NAME Mrs. Mary Elizabeth Neal.r
(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: 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: T. Neal.

6. DATE OF BIRTH (MONTH, DAY AND YEAR): March 4" 1853.

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
75	11	5	

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

9. BIRTHPLACE (CITY OR TOWN): Cooper Co.
(STATE OR COUNTRY): Mo.

PARENTS
10. NAME OF FATHER: John Fluke,
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY): Pennsylvania.
12. MAIDEN NAME OF MOTHER: Louisa Fisher.
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY): Illinois.

14. INFORMANT: Mrs. Wm. Viertel.
(Address): Boonville Mo.

15. FILED Feb 12, 1929 [signature] REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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16. DATE OF DEATH (MONTH, DAY AND YEAR): Feb. 9" 1929

17. I HEREBY CERTIFY, That I attended deceased from Feb. 9, 1929, to Feb 9, 1929 that I last saw her alive on Feb. 8, 1929, and that death occurred, on the date stated above, at 7.30 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Bronchitis
54B
106D
(duration) yrs. mos. 3 ds.

CONTRIBUTORY (SECONDARY): Fibroid of uterus
(duration) 15 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? none
(Signed) W E Stone, M.D
2-11, 1929 (Address) Boonville, 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: Walnut Grove Cemetery
DATE OF BURIAL: Feb 12 1929

20. UNDERTAKER: Goodman & Boller
ADDRESS: Boonville 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.

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