

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

Do not use this space.

22363

1. PLACE OF DEATH

County Randolph
Township Boak's
City Remick Mo (No. _____)

Registration District No. 734
Primary Registration District No. 24740

File No. _____
Registered No. 13
St. _____ Ward _____

2. FULL NAME

Mary Jane Neale
(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 <u>Female</u>		4. COLOR OR RACE <u>White</u>		5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Widowed</u>	
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF					
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Aug 27th 1839</u>					
7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.	
	<u>89</u>	<u>9</u>	<u>5</u>		
8. OCCUPATION OF DECEASED					
(a) Trade, profession, or particular kind of work					
(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) <u>Mo</u>					
PARENTS	10. NAME OF FATHER <u>Pressley Oliver</u>				
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Ny</u>				
	12. MAIDEN NAME OF MOTHER <u>Mary Christian</u>				
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Ny</u>				
14. INFORMANT <u>R. F. Neale</u> (Address) <u>Remick Mo.</u>					
15. FILED <u>10-29</u> <u>G. J. Kenbrough</u> REGISTRAR					

MEDICAL CERTIFICATE OF DEATH

3

16. DATE OF DEATH (MONTH; DAY AND YEAR) June 2nd 1929

17. I HEREBY CERTIFY, That I attended deceased from May 20, 1929, to June 2, 1929, that I last saw her alive on June 2, 1929, and that death occurred, on the date stated above, at 5 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Neurosis following Flu
11B and her age kept her from
89 1/2. Relying up over it
1102 (duration) yrs. mos. 12 ds.

CONTRIBUTORY (SECONDARY) 11B (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED 11B
IF NOT AT PLACE OF DEATH

8 DID AN OPERATION PRECEDE DEATH? DATE OF _____

WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS? W. P. Terrell, M. D.
(Signed) June 4, 1929 (Address) Remick 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 <u>Oliver</u>	DATE OF BURIAL <u>June 4 1929</u>
20. UNDERTAKER <u>Mahan and Son</u>	ADDRESS <u>Remick Mo</u>

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.

JUL 27 1929

88

81

262

1

2

