

UN 24 1930

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

Do not use this space.

64-C

1. PLACE OF DEATH

County Barry  
Township Flaahack  
City Cassville (No. ...., ..... Ward)

Registration District No. 29  
Primary Registration District No. 5038

File No. ....  
Registered No. 221  
St. .... Ward)

2. FULL NAME Mary Elsie Nealey

(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

MEDICAL CERTIFICATE OF DEATH

3. SEX <u>Fe</u>	4. COLOR OR RACE <u>wh</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Jack Nealey</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>May 5 1902</u>		
7. AGE	YEARS	MONTHS
	<u>27</u>	<u>8</u>
		<u>16</u>
IF LESS than 1 day, ..... hrs. or ..... min.		

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 21 1930

17. I HEREBY CERTIFY, That I attended deceased from Dec. 1929 to Jan 20 1930 that I last saw her alive on Jan 20 1930 and that death occurred, on the date stated above, at 3 A. M.

THE CAUSE OF DEATH WAS AS FOLLOWS:

Acute Nephritis  
130  
(duration) ..... yrs. .... mos. .... ds.

CONTRIBUTORY (SECONDARY) 1928  
(duration) ..... yrs. .... mos. .... ds.

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

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

9. BIRTHPLACE (CITY OR TOWN).....  
(STATE OR COUNTRY) Kansas

PARENTS	10. NAME OF FATHER <u>Hewig</u>
	11. BIRTHPLACE OF FATHER (CITY OR TOWN)..... (STATE OR COUNTRY) <u>unknown</u>
	12. MAIDEN NAME OF MOTHER <u>Rosa Upton</u>
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN)..... (STATE OR COUNTRY) <u>Bary Co Mo</u>

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

WHAT TEST CONFIRMED DIAGNOSIS  
(Signed) Herbert Salyer, M. D.  
, 19 (Address) Cassville 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.

14. INFORMANT Jack Nealey  
(Address) Cassville Mo.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Home  
DATE OF BURIAL 1-23 1930

15. FILED Jan 20 1930 Mrs. H. R. Williams  
REGISTRAR

UNDERTAKER Home  
ADDRESS Cassville

Every year 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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D. J. ...

JUN 23 1946