

MAR 25 1930

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

Do not use this space.

4620

1. PLACE OF DEATH

County Greene
Township Stonewall
City Stonewall Mo (No. _____)

Registration District No. 314
Primary Registration District No. 4190

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

2. FULL NAME Mrs Caroline Neal

(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 71
4. COLOR OR RACE W
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) widow

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF (OR) WIFE OF Joab Neal (deceased)

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov-10-1854

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
75 3 6

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) Greene Co Mo
(STATE OR COUNTRY)

10. NAME OF FATHER Frank Alexander

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Mo
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER unk

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

14. INFORMANT Et Neal
(Address) Stonewall Mo

15. FILED 2/18 1930 W. Demel
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

17. I HEREBY CERTIFY, That I attended deceased from Dec 10 1929 to Feb 16 1930
that I last saw her alive on Feb 16 1930 and that death occurred, on the date stated above, at 6:15 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Valvular Heart disease
92A

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

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

8 DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____
WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) Jas. W. Bennett M. D.
11 1930 (Address) Stonewall 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 Hall Cemetery
Stonewall Mo DATE OF BURIAL 2/18 1930

20. UNDERTAKER Wm. H. Phillips
ADDRESS Stonewall Mo

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.

PARENTS

