

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

Do not use this space

15-882-~~5~~ **1**
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File No. _____
Registered No. _____

MAY 26 1930

1. PLACE OF DEATH

County Lundy
Township Madison
City _____ (No. _____) _____ St. _____ Ward _____

Registration District No. 326
Primary Registration District No. 5452

2. FULL NAME

Lillie May McNeely

(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 Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED married

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 2 1930

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Blyde McNeely

17. I HEREBY CERTIFY, That I attended deceased from 7:10 1930, to May 2 1930 that I last saw her alive on May 2, 1930, and that death occurred, on the date stated above, at 6 A m.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 11 May 1903

THE CAUSE OF DEATH* WAS AS FOLLOWS:

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
27 12 2

Acute Bright's disease
10
10 (duration) yrs. mos. 10 ds.

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

CONTRIBUTORY (SECONDARY) Pregnancy
(duration) yrs. 7 mos. 10 ds.

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

18. WHERE WAS DISEASE CONTRACTED
148
IF NOT AT PLACE OF BIRTH _____

10. NAME OF FATHER Willis Sparks

19. DID AN OPERATION PRECEDE DEATH? no DATE OF _____

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

20. WAS THERE AN AUTOPSY? no

12. MAIDEN NAME OF MOTHER Dont know

WHAT TEST CONFIRMED DIAGNOSIS? urinalysis
(Signed) H W Belshe, M. D.

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

May 4 1930 (Address) H W Belshe

14. INFORMANT Blyde McNeely
(Address)

*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.

15. FILED May 9 1930 Anna D Price
REGISTRAR

19. PLACE OF BURIAL, CREMATION, OR REMOVAL H K P Cemetery DATE OF BURIAL May 2 1930

20. UNDERTAKER H K P Cemetery ADDRESS H K P Cemetery

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.

Belshe

