JUN 26 1936

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

Do not use this space.
16862

1. PLACE OF DEATH
County: Newton
Township: Neosho
City: (No. , St. Ward)

Registration District No. 609
Primary Registration District No. 4363

File No. 159
Registered No.

2. FULL NAME Gilbert Raymond Nalley

(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: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feby 6, 1906

7. AGE: Years 24 Months 2 Days 25 If LESS than 1 day, hrs. or min.

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

9. BIRTHPLACE (CITY OR TOWN) Neosho
(STATE OR COUNTRY) Missouri

PARENTS
10. NAME OF FATHER Levi Nalley
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Missouri
12. MAIDEN NAME OF MOTHER Bertha Thomas
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Missouri

14. INFORMANT Levi Nalley
(Address) Neosho Mo

15. FILED 5/10, 1930 L. E. Mauzos
REGISTRAR
L.M.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 1st 1930

17. I HEREBY CERTIFY, That I attended deceased from Apr 28, 1930, to May 1, 1930, that I last saw him alive on May 1, 1930, and that death occurred, on the date stated above, at m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pleuro pneumonia

10 d (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 101 d (duration) 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? Yes
WHAT TEST CONFIRMED DIAGNOSIS? Autopsy
(Signed) R C Lawson M. D.
5-2, 1930 (Address) Neosho 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~~ Gibson Cemetery
DATE OF BURIAL 5-3 1930

20. UNDERTAKER Bigham's
ADDRESS Neosho

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.