

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

Do not use this space.

20181

1. PLACE OF DEATH

County Madaway

Registration District No. 625

File No. _____

Township _____

Primary Registration District No. 3031

Registered No. 54

City Maryville

St. _____ Ward _____

2. FULL NAME

Unmarried child of Mrs Mrs Des McNeill

(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

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Male White Single

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

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

June 12 - 1930

7. AGE

YEARS

MONTHS

DAYS

IF LESS than 1 day, _____ hrs. _____ min.

20 hrs

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)

Maryville Mo

10. NAME OF FATHER

Des McNeill

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Graham Mo

12. MAIDEN NAME OF MOTHER

Eleta Bailey

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

North Col Mo

14.

INFORMANT (Address)

Des McNeill
Graham Mo

15.

FILED

6-13-20 C. P. Fryer
MCC REGISTRAR

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

June 12 1930

17.

I HEREBY CERTIFY, That I attended deceased from 2:30 am 6-12, 1930, to 6 pm, 6-12, 1930, and that I last saw him alive on 6-12, 1930, and that death occurred, on the date stated above, at 6 PM.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Congenital atelectasis
+ respiratory failure

16/11 (duration) yrs. mos. ds.

16/11 (duration) yrs. mos. ds.

16/11 (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? No

WHAT TEST CONFIRMED DIAGNOSIS? Exam.

(Signed) James Rowlett, M. D.

, 19 (Address) Maryville 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

DATE OF BURIAL

Graham Mo

6/12 1930

20. UNDERTAKER

ADDRESS

Price Fun Co Maryville Mo

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.

JUN 23 1930

