

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.

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

Do not use this space.

26970
= 3583

1. PLACE OF DEATH

County Jackson Registration District No. 399
 Townships Ray Primary Registration District No. 1873
 City Kansas City (No. Vineyard Park Hospital) Registered No. _____ (Ward)

2. FULL NAME

John Edward Mc Neal
 (a) Residence No. 3909 Hammond Place 12 Ward. (If nonresident, give city or town and State)
 (Usual place of abode)

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 <u>M</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>May Mc Neal</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>8/24-1868</u>		
7. AGE	YEARS <u>62</u>	MONTHS <u>0</u>
	DAYS <u>6</u>	IF LESS than 1 day, hrs. or min.
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work. <u>Express Messenger</u> (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) Illinois

10. NAME OF FATHER Wm Mc Neal

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

12. MAIDEN NAME OF MOTHER Fannie Snood

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

14. INFORMANT May Mc Neal
 (Address) 3909 Hammond Place

15. FILED 8/31, 1930 India Crump
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 30 1930

17. I HEREBY CERTIFY, That I attended deceased from 8-20, 1930, to 8-30, 1930 that I last saw him alive on 8-29, 1930, and that death occurred, on the date stated above, at 6 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Septic Pyelophlebitis
 (duration) _____ yrs. _____ mos. 2 ds.

CONTRIBUTORY Carcinoma of Colon
 (SECONDARY) (duration) 1 yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED _____

19. PLACE OF DEATH _____

DID AN OPERATION PRECEDE DEATH? Yes DATE OF 8-21-30

WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS? _____

(Signed) J. G. Sheldon, M. D.
8-30-1930 (Address) 604 Commercial Bldg

*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 <u>Mt. Washington</u>	DATE OF BURIAL <u>9/2</u> 19 <u>30</u>
20. UNDERTAKER <u>D. H. Newcomer's Sons Co</u>	ADDRESS

