

NOV 24 1930

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

Do not use this space.

33231

1. PLACE OF DEATH

County Jackson Registration District No. 404
Township Washington Primary Registration District No. 1538
City Grandview (No. _____) St. _____ Ward _____

File No. _____
Registered No. 48

2. FULL NAME

Eliza Jane Neil
(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 Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED OR DIVORCED HUSBAND OF (OR) WIFE OF Wm Neil
6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 12, 1876
7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
84 1 8

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work at home
(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) Massouri

PARENTS
10. NAME OF FATHER Abraham Overton
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Kentucky
12. MAIDEN NAME OF MOTHER Jane M. Pyle
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

14. INFORMANT Mrs. Cora Overton
(Address) Grandview Mo

15. FILED 10-24-1930 D. F. Branson
REGISTRAR

1 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct. 20 1930
17. I HEREBY CERTIFY, That I attended deceased from 1/1/29 to 1/1/30 that I last saw her alive on Dec 20, 1929, and that death occurred, on the date stated above, at 9 a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Enteritis chronic
12 1/2 (duration) yrs. 2 mos. 0 ds.
CONTRIBUTORY Acute Enteritis
(SECONDARY) (duration) yrs. 1 mos. 0 ds.

18. WHERE WAS DISEASE CONTRACTED? 1141
IS NOT AT PLACE OF DEATH _____
DID AN OPERATION PRECEDE DEATH? No DATE OF _____
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Chemical
(Signed) Jos. S. Barnes, M. D.
, 19 Grandview (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.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Pattonsbury Mo DATE OF BURIAL Oct. 22 1930

20. UNDERTAKER E. K. Brown & Sons ADDRESS Grandview 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.

APR 26 1951