107

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

Do not use this space.

4298

File No.

Registered No. 3

1. PLACE OF DEATH

County Texas

Township Boone

City (No. , St. Ward)

Registration District No. 868

Primary Registration District No. 6150

2. FULL NAME Jess Neal

(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) Widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 24 1891

7. AGE YEARS 40 MONTHS DAYS 5 If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer 1

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) When taken sick

11. Total time (years) spent in this occupation all life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Success Mo. 1

FATHER

13. NAME Alfred Harrison Neal

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't Know 31

MOTHER

15. MAIDEN NAME Manda Davis

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Success Mo 1

17. INFORMANT (ADDRESS) ✓

18. BURIAL, ~~CREMATION, OR REMOVAL~~ PLACE Craddock Cem DATE Jan 30 1931

19. UNDERTAKER (ADDRESS) John Hammon Vada Texas Co Mo

20. FILED Jan 29 1931 W. R. Reid Registrar.

MEDICAL CERTIFICATE OF DEATH

3

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 29 1931

22. I HEREBY CERTIFY, That I attended deceased from Jan 16 1931, to Jan 29 1931

I last saw him alive on Jan 27 1931. Death is said to have occurred on the date stated above, at 3:30 a.m.

The principal cause of death and related causes of importance were as follows:

Labor Pneumonia

Date of onset

11a

Other contributory causes of importance:

Flue & Infection of Right elbow.

Name of operation Drained elbow Date of 1-23-31

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Leslie Randall, M. D.

(Address) Licking Mo

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.