

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 21 1931

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

Do not use this space.

9071

1. PLACE OF DEATH
16 County Cape Girardeau Registration District No. 129
Township Shawnee Primary Registration District No. 5180
City Southard (No.) St. Ward

2. FULL NAME JAMES PINCKNEY McNeely
(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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) MARRIED

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 20 1869

7. AGE YEARS 62 MONTHS 9 DAYS 29 If LESS than 1 day, hrs. or min.

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Store 171

10. Date deceased last worked at this occupation (month and year) 1.1.29 11. Total time (years) spent in this occupation 20

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Leeman, Mo.

FATHER
13. NAME Archie McNeely
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) North Carolina

MOTHER
15. MAIDEN NAME Elizabeth Harris
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) North Carolina

17. INFORMANT A. C. Hope (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE Pleasant Hill DATE May 20 1931

19. UNDERTAKER McCombs & Co. (ADDRESS)

20. FILED 3/20/ 1931 J. J. Schorn Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 19 1931

22. I HEREBY CERTIFY, That I attended deceased from Feb 1931 to Mar 19 1931
I last saw him alive on March 19 1931. Death is said to have occurred on the date stated above, at about 2:30 a.m.
The principal cause of death and related causes of importance were as follows:
Chronic tuberculosis peritonitis Date of onset

Other contributory causes of importance:
25

Name of operation Date of
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 man
Nature of injury man (1)

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) B. J. Hays, M. D.
(Address) Jackson, Mo.



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