

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

Do not use this space.

25300

1. PLACE OF DEATH

County Johnson Registration District No. 399
 Township Yrean Primary Registration District No. 1002
 City Yrean, Mo. (No. Yrean General Hosp.) St. _____ Ward _____

2. FULL NAME

Robert Ellis J. M. Neville current name
 (a) Residence, No. 7 Keeping Hand St. _____ Ward _____
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 9 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widower</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb. 18 1882</u>		
7. AGE YEARS <u>49</u>	MONTHS <u>5</u>	DAYS <u>9</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>unknown</u>		
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)		11. Total time (years) spent in this occupation
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Baltimore Maryland</u>		
13. NAME <u>Robert Neville</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Maryland</u>		
15. MAIDEN NAME <u>unknown</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>England</u>		
17. INFORMANT <u>Reverend Clerk</u> (ADDRESS) <u>J.C. General Hosp.</u>		
18. BURIAL, CREMATION, OR REMOVAL <u>buried</u> PLACE <u>Yrean, Mo.</u> DATE <u>July 29 1931</u>		
19. UNDERTAKER <u>W. B. Kupeltra</u> (ADDRESS) <u>J.C. General Hosp.</u>		
20. FILED <u>8-3-1931</u> M. M. Brown Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-27, 1931

22. I HEREBY CERTIFY, That I attended deceased from 6-20, 1931, to 7-27, 1931
 I last saw him alive on 7-27, 1931. Death is said to have occurred on the date stated above, at 7:05 P.M.
 The principal cause of death and related causes of importance were as follows:
Bilateral Pyonephrosis
1931
1931
 Other contributory causes of importance:

Date of onset

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? Yes

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?
 If so, specify PE Williams, M. D.
 (Signed) _____ (Address) Sup't. J.C. General Hosp. K.C. 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.

