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.

SEP 22 1931

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

Do not use this space.

27706

1. PLACE OF DEATH
County Carroll — Registration District No. 135 — File No.
Township — Primary Registration District No. 3010 — Registered No. 81
City Carrollton (No. , St. Ward)

2. FULL NAME Belvahazel Neal
(a) Residence, No. Independence Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred yrs. 3 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F
4. COLOR OR RACE Col.
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Walter A. Neal
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 6-1-1908
7. AGE YEARS 23 MONTHS 2 DAYS 26 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home
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) Carrollton Mo

FATHER
13. NAME Enos Turner
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Carroll County Mo

MOTHER
15. MAIDEN NAME Jesse Mallory
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Carroll County Mo

17. INFORMANT (ADDRESS) Mrs. Joe Clayton Carrollton Mo
18. BURIAL, CREMATION, OR REMOVAL PLACE A. Oak Hill DATE 8-30 1931
19. UNDERTAKER (ADDRESS) Standley Carrollton Mo.
20. FILED 8-27 1931 Mrs. E. E. Farnham Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-26 1931
22. I HEREBY CERTIFY, That I attended deceased from June 4, 1931, to Aug 26, 1931
I last saw her alive on Aug 26, 1931. Death is said to have occurred on the date stated above, at 7 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	Dont know
23 P	

Other contributory causes of importance:

Name of operation none had Date of
What test confirmed diagnosis? phys. Ex. Was there an autopsy? no

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) W. H. Gaitin, M. D.
(Address) Carrollton, Mo