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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Saline Registration District No. 794a File No. _____
Township Cambridge Primary Registration District No. 6037 Registered No. 18
City _____ (No. _____) St. _____ Ward _____

2. FULL NAME

Henry Alfonza Neville
(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 <u>M</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>S.</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>—</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Mar 25 1907</u>		
7. AGE YEARS <u>24</u>	MONTHS <u>4</u>	DAYS <u>12</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>River work</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Houseman Construction</u>		
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>Glasgow</u>		
13. NAME <u>William Neville</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>United States</u>		
15. MAIDEN NAME <u>Katherine Orange</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Glasgow Ind</u>		
17. INFORMANT <u>William Neville</u> (ADDRESS) <u>Marshall</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Washington</u> DATE <u>Aug 10 1931</u>		
19. UNDERTAKER <u>Vandever & Audsley</u> (ADDRESS) <u>Glasgow</u>		
20. FILED <u>Nov 10 31</u> <u>W. Davidson</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from Aug 7 1931 to _____, 19____
I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at 9 P. m.
The principal cause of death and related causes of importance were as follows:
Accidentally breaking (Date of onset _____)
burst pipe by car turning
over on Highway 1/2 mile
west of Seesaw 4 1/2 bridge
Other contributory causes of importance: _____

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ 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? _____
If so, specify _____
(Signed) B. C. Bradshaw M.D.
(Address) Arrowrock

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW.

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5-30225.