

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

Do not use this space.

30640

1. PLACE OF DEATH

County Butler Registration District No. 87
 Township Rearn Dawn Primary Registration District No. 3/29
 City (No.) St. Ward

2. FULL NAME Lafayette C. Neal

(a) Residence, No. 1 1/2 mile from Harvield 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) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Emily Neal

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 25, 1854

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
77 years 6 22

OCCUPATION 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.

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

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

FATHER 13. NAME Unknown

14. BIRTHPLACE (CITY OR TOWN) Unknown (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Nannie Bell Wannum

16. BIRTHPLACE (CITY OR TOWN) Unknown (STATE OR COUNTRY)

17. INFORMANT Mrs. Leha Hamilton (ADDRESS) Harvield, Texas

18. BURIAL, CREMATION, OR REMOVAL PLACE Woodlawn DATE Sept 18, 1931

19. UNDERTAKER (ADDRESS) A. W. Greer
Poplar Bluff, Missouri

20. FILED 9/17-1931 M. W. Love Registrar

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 16, 1931

22. I HEREBY CERTIFY, That I attended deceased from July 25, 1931, to Sept 16, 1931
 I last saw him alive on Sept 15, 1931. Death is said to have occurred on the date stated above, at 12 m. Midnight
 The principal cause of death and related causes of importance were as follows:

Swancess of the face
jaw and neck
53 E
45 D
52

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? No
 If so, specify

(Signed) T. L. Turner, M. D.

(Address) Neelyville Mo.

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.

S-3064A