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

Do not use this space.

33593

1. PLACE OF DEATH
County: Boone — Registration District No. 73 — File No.
Township: Columbia — Primary Registration District No. 3006 — Registered No. 222
City: (No. St. Ward)

2. FULL NAME: John Harvy Neal
(a) Residence, No. St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)
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. MARRIED, ~~WIDOWED, OR DIVORCED~~ HUSBAND OF (OR) ~~WIFE OF~~: Emma Neal

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 5-30-1855

7. AGE: YEARS 76 — MONTHS 4 — DAYS 19 — If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired farmer
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): Missouri

FATHER
13. NAME: William Neal
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Kentucky

MOTHER
15. MAIDEN NAME: Dont Know
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Dont Know.

17. INFORMANT (ADDRESS): Emma Neal, Columbia Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Locust Grove DATE: 10-20 1931

19. UNDERTAKER (ADDRESS): W. H. Vandeventer, Columbia Mo

20. FILED: 10/20 1931 F. C. Suggett, Registrar. by Allie [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 10-19, 1931

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to 10-19-, 1931
I last saw him alive on 10-19-, 1931. Death is said to have occurred on the date stated above at 230 P. m.
The principal cause of death and related causes of importance were as follows:

Cancer Prostate — Date of onset

51 C

Other contributory causes of importance:

Name of operation: Supra Pubic Aptolomy — Date of
What test confirmed diagnosis: Symptoms — Was there an autopsy? to relieve retention

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. A. Norris, M. D.
(Address) Columbia, 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.

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