

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

Do not use this space.

33768

1. PLACE OF DEATH

County Callaway
Township Fulton
City Fulton

Registration District No. 104
Primary Registration District No. 3008

File No. _____
Registered No. 220
St. _____ Ward) _____

2. FULL NAME

William E. McNeil
(a) Residence. No. State Hospital #1, Fulton, Mo. Ward. St. Louis Mo.
(Usual place of abode)
Length of residence in city or town where death occurred 9 yrs. 6 mos. 26 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>Single</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____				
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Unknown</u>				
7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
	<u>70</u>	<u>—</u>	<u>—</u>	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Insurance

(b) General nature of industry, business, or establishment in which employed (or employer) No Information

(c) Name of employer _____

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

PARENTS	10. NAME OF FATHER <u>No Information</u>
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) <u>Unknown</u> (STATE OR COUNTRY)
	12. MAIDEN NAME OF MOTHER <u>No Information</u>
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) <u>Unknown</u> (STATE OR COUNTRY)

14. INFORMANT Records of State Hospital #1
(Address) Fulton, Mo.

15. 10/31/1931 W. M. Coates
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) October 10, 1931

17. I HEREBY CERTIFY, That I attended deceased from September 30th, 1931 to October 10th, 1931 that I last saw h. was alive on October 10th, 1931, and that death occurred, on the date stated above, at 9:45 A.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Arteriosclerosis
97 87
812
1931 (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Senility and Intellectual Melancholia (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH _____

DID AN OPERATION PRECEDE DEATH? No DATE OF _____

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) C. S.ault, M. D.
set 19, 1931 (Address) Fulton, Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL St. Louis, Mo. DATE OF BURIAL 19

20. UNDERTAKER Anderson-Taylor ADDRESS Fulton, 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.

NOV 28 1931

