

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

Do not use this space.

5325

1. PLACE OF DEATH
 60 County McDonald Registration District No. 142
 Township Free Primary Registration District No. 5693
 City _____ (No. _____) St. _____ Ward _____

2. FULL NAME J.P. Nealis
 (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. 5 mos. _____ da. How long in U.S., if of foreign birth? yrs. _____ mos. _____ da.

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 Mary Nealis

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 13, 1864

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
68 4 16

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Oil Field 15
 (b) General nature of industry, business, or establishment in which employed (or employer) Pumper
 (c) Name of employer Shurly oil Co.

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kansas 2

10. NAME OF FATHER Unknown

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Unknown 31

12. MAIDEN NAME OF MOTHER _____

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Unknown

14. INFORMANT Paul Mayo
 (Address) Goodman's Ws.

15. FILED 9/10/32 Chas. Williams
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 2-25 1932

17. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____, that I last saw h. _____ alive on _____, 19____, and that death occurred, on the date stated above, at 10:15 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

nephritis

1320 (duration) yrs. _____ mos. _____ da.

CONTRIBUTORY (SECONDARY) _____ (duration) yrs. _____ mos. _____ da.

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

DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____

WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS?
 (Signed) O. A. Ellis, M. D.
 , 19 (Address) Goodman

*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 DATE OF BURIAL
May Cemetery 2-26 1932

20. UNDERTAKER ADDRESS
Carly Thompson Neosho.

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.

MAY 20 1932

WHITE FORM, WITH ENFOLDING TABS—THIS IS A PERMANENT RECORD

