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.

APR 30 1932

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

Do not use this space.

11351

1. PLACE OF DEATH

108 County Vernon — Registration District No. 875

2 Township Center — Primary Registration District No. 3039

7 City Nevada Mo (No. 627 East Arch St. Fifth Ward)

File No.

Registered No. 72

2. FULL NAME Richard Charles Neely

(a) Residence. No. 627 E. Arch St., Fifth 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. 5 ds. 5 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): Infant

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: "

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 6" 1932

7. AGE: Years — Months — Days 5 — If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED — 157 158

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

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Nevada, Mo.
(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER McKinley Neely

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Pleasant View Mo
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Mamie Ethel Messick March 12 1932

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Cedar Co. Mo
(STATE OR COUNTRY)

14. INFORMANT McKinley Neely
(Address) Nevada, Mo

15. FILED 4/9/ 1932 E. R. King REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 11 1932

17. I HEREBY CERTIFY, That I attended deceased from birth March 6" 1932 to March 11 1932 that I last saw him alive on March 9 1932 and that death occurred, on the date stated above, at 9:30 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Born at about 7 mo's - Frail and hard to nourish it.

Inanition

158 (duration) yrs. mos. 5 ds.

CONTRIBUTORY (SECONDARY) Mother had been threatened with mishap each month for several months. Amniotic sack ruptured about the fifth month

(duration) yrs. mos. ds.

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

9 DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) E. H. Liston, M. D

March 12 1932 (Address) Nevada, 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: Deepwood Cemet

DATE OF BURIAL: 3/12/ 1932

20. UNDERTAKER: Terry Funeral Home

ADDRESS: Nevada Mo