

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

Do not use this space.

11599

1. PLACE OF DEATH
 County Bone Registration District No. 73
 Township Columbia Primary Registration District No. 3006
 City Columbia (No. _____) St. _____ Ward _____
 2. FULL NAME Emma Neal
 (a) Residence No. 209 Monroe St. 1 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1-25-1863
 7. AGE YEARS 69 MONTHS 2 DAYS 28 If LESS than 1 day, _____ hrs. or _____ min.
 OCCUPATION
 8. Trade, profession or particular kind of work done, as planner, sawyer, bookkeeper, etc. at Home
 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 i
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri
 13. NAME Solonow Robinson
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ? 31
 15. MAIDEN NAME ?
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ?
 17. INFORMANT Mollie O'Brien
 (ADDRESS) Columbia, Mo.
 18. BURIAL, CREMATION, OR REMOVAL
 PLACE Leaves grove DATE 4-14 19. _____
 19. UNDERTAKER Mrs. W. A. Norman
 (ADDRESS) Columbia, Mo.
 20. FILED 4/14/1932 Allie Selby
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-12, 1932
 22. I HEREBY CERTIFY, That I attended deceased from 12:30 to 1:00 on April 12, 1932.
 I last saw her on April 12, 1932. Death is said to have occurred on the day stated above, at 11:30 P. m.
 The principal cause of death and related causes of importance were as follows:
Angina Pectoris is
shown as determined
from symptoms and
from previous knowledge
of case - was dead when
arrived.
 Other contributory causes of importance:
THA 94 W 1
 Name of operation _____ Date of _____
 What test confirmed diagnosis History & symptoms Was there any _____
 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?
 If so, specify _____
 (Signed) W. A. Norman, M. D.
 (Address) Columbia, 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.

MAY 23 1932

