

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

Do not use this space.

29079

1. PLACE OF DEATH

42 County Henry Registration District No. 347 File No. _____
 4 Township _____ Primary Registration District No. 3018 Registered No. 90
 ? City Clinton (No. _____) St. _____ Ward _____

2. FULL NAME

Mrs Nellie McNeal Hart
 (a) Residence, No. E Bodine 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. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>F</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Thos S Hart</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Do Not Know</u>		
7. AGE <u>57</u>	YEARS	MONTHS
		DAYS
		IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>House keeper</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>235</u>	
	10. Date deceased last worked at this occupation (month and year) <u>last</u>	
	11. Total time (years) spent in this occupation <u>4 1/2</u>	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Macon Co - mo 1</u>		
FATHER	13. NAME <u>Elias McNeal</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ohio 2</u>	
MOTHER	15. MAIDEN NAME <u>Do Not Know</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>11 1 31</u>	
17. INFORMANT <u>Thos S Hart</u> (ADDRESS) <u>Clinton mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Clinton</u> DATE <u>Oct 2 1932</u>		
19. UNDERTAKER <u>Shane Boy</u> (ADDRESS) <u>Clinton</u>		
20. FILED <u>10/2</u> 19 <u>32</u> <u>Ed C. Peeler</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-30 1932

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.

I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at 3 a. m.

The principal cause of death and related causes of importance were as follows:
unknowen dead when gassed, (had hemorrhage from stomach)
118C
 Other contributory causes of importance: 118

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? No.

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) Ed. Walper, M. D.
 (Address) Clinton 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.

OCT 26 1932

PROPERTY WITH ENVELOPING INK—THIS IS A PERMANENT RECORD

