

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

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

Do not use this space.

35072

1. PLACE OF DEATH
2.1 Count Chariton Registration District No. 169
1 Township Brunswick Primary Registration District No. 4098
2 City Michael Neal St. _____ Ward)
2. FULL NAME Michael Neal
(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. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX male 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 Susan Neal
6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec-25-1875
7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min. 87 10 11
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work. Blacksmith (b) General nature of industry, business, or establishment in which employed (or employer) _____ (c) Name of employer _____

16. DATE OF DEATH (MONTH, DAY AND YEAR) 11-6 1932
17. I HEREBY CERTIFY, That I attended deceased from Oct 25 to Nov 6, 1932, and that that I last saw him alive on Nov 6, 1932, and that death occurred, on the date stated above, at 3 P. M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Angina Pectoris
94 H
90 (duration) _____ yrs. _____ mos. _____ ds.
CONTRIBUTORY Arterio sclerosis (SECONDARY) (duration) _____ yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED? Home
IF NOT AT PLACE OF DEATH _____
DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____
WAS THERE AN AUTOPSY? _____
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) Harry E. Tatum M. D. (Address) Brunswick 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.

9. BIRTHPLACE (CITY OR TOWN) Mo
(STATE OR COUNTRY)
10. NAME OF FATHER Michael Neal
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Ireland
(STATE OR COUNTRY) 15
12. MAIDEN NAME OF MOTHER unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Ireland
(STATE OR COUNTRY)

14. INFORMANT Waisy Neal
(Address) Salisbury Mo
15. FILED 11/7 1932 Harry E. Tatum REGISTRAR

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Salisbury Cemetery DATE OF BURIAL 11/8 1932
20. UNDERTAKER Winkelmeyer Bro ADDRESS Salisbury

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