R. F. McKinney

FEB 28 1933

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

Do not use this space.

6248

1. PLACE OF DEATH

51 County Johnson — Registration District No. 431 — File No.

6 Township Warrensburg — Primary Registration District No. 3023 — Registered No.

City Warrensburg (No. ..... St. ..... Ward)

7 2. FULL NAME Anna Sophia Neville

(a) Residence, No. 208 Ming St., ... Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF D. L. Neville

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 30. 1848

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	84	1	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Appalocha Florida

FATHER

13. NAME M. B. Kelley

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Ireland

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Scotland

17. INFORMANT (ADDRESS) Mrs H. B. Collins Columbia Miss

18. BURIAL, CREMATION, OR REMOVAL

PLACE Sunset DATE Feb. 10 1933

19. UNDERTAKER (ADDRESS) Sweeney Phillips Warrensburg Mo

20. FILED Feb 11 1933 Wm R Patterson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 9, 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 28, 1932, to Feb 9, 1933

I last saw her alive on Feb 8, 1933. Death is said to have occurred on the date stated above, at 1:30 P.m.

The principal cause of death and related causes of importance were as follows:

Bronchial Pneumonia — Date of onset Feb 1-1933

93D

107A 93D

Other contributory causes of importance:

Myocarditis

Name of operation no Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? no 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. no

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) R. F. McKinney, M. D.

(Address)

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.

McKinney