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.

JUN 20 1933

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

Do not use this space.

15598

File No. 23

Registered No.

1. PLACE OF DEATH

County: Andrew, Registration District No. 13

Township: Primary Registration District No. 4010

City: Savannah, (No. Dr. Nichols Sanitarium St. Ward)

2. FULL NAME: Joseph Hiram Neill

(a) Residence, No. Joplin, Mo. 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. 5 ds. 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*): Married,

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): March 24, 1871

7. AGE: Years 62 | Months 1 | Days 13 | If LESS than 1 day, hrs. or min.

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Lead Works

10. Date deceased last worked at this occupation (month and year): April 1933

11. Total time (years) spent in this occupation: 41

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Joplin, Missouri,

FATHER

13. NAME: Unknown,

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown, Unknown,

MOTHER

15. MAIDEN NAME: Unknown,

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown, Unknown,

17. INFORMANT: Harrison Neill
(ADDRESS) 404 No. Gray Ave., Joplin, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Webb City, Mo. DATE May 9th, 1933

19. UNDERTAKER: Frank A. Bowman
(ADDRESS) Savannah, Missouri,

20. FILED May 8 1933 C. O. Jeffers
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): May 7, 1933

22. I HEREBY CERTIFY, That I attended deceased from May 3, 1933, to May 7, 1933

I last saw alive on May 7, 1933 Death is said to have occurred on the date stated above, at 3:40 p.m.

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

	Date of onset
Carcinoma Right ear	10-12 yr
52	

Other contributory causes of importance:

Name of operation: None Date of:

What test confirmed diagnosis? Physical 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? No

If so, specify

(Signed) J. E. Mitchesy, M. D.

(Address) Savannah, Mo