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

Do not use this space.

File No. 22203

Registered No. 125

1. PLACE OF DEATH

County: Adair — Registration District No. 4

Township: — Primary Registration District No. 3001

City: Kirksville (No. ..., ..., St. ..., Ward)

2. FULL NAME: Sarah Elizabeth Neet

(a) Residence, No. 512 S. Marion St., ..., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 13 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): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED — HUSBAND OF (OR) WIFE OF: Jas. N. Neet, Sr

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): August 22, 1857

7. AGE — Years: 75 — Months: 10 — Days: 11 — If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

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

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): Schuyler Co, Mo

FATHER

13. NAME: James C. McClanahan

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Tenn.

MOTHER

15. MAIDEN NAME: Mary Kirby

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Missouri

17. INFORMANT: O. Becker (ADDRESS) Kirksville, Mo.

18. BURIAL, CREMATION, OR REMOVAL: Jenkins Cemetry
PLACE: Browning, Mo. DATE: 7-5-1933

19. UNDERTAKER: Davis & Wilson (ADDRESS) Kirksville, Mo

20. FILED: July 19, 1933 Mrs O H Becker, Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): July 3, 1933

22. I HEREBY CERTIFY, That I attended deceased from June 3, 1933, to July 3, 1933, that I last saw her alive on July 3, 1933. Death is said to have occurred on the date stated above, at 9 a.m.

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

| | Date of onset |
|---|---|
| Senility + | |
| Intestinal autointoxication | 5 yrs |
| Other contributory causes of importance: | |
| Throat Infection + | 11 days |
| Bronchial Infection | |

Name of operation: ... Date of ...

What test confirmed diagnosis? Physical Exam. 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) Ray M. Wolf, M. D.

(Address) Kirksville 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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

1933- 7- 3
1857- 8- 22
75- 10- 11