

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

Do not use this space.

24118

1. PLACE OF DEATH

87 County Ralls Registration District No. 426
Township Springer Primary Registration District No. F432
City New London (No. St. Ward)

File No.
Registered No.

2. FULL NAME

Mary Ann Nealey
(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

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</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>John P. Nealey</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>7-17-1854</u>		
7. AGE	YEARS <u>78</u>	MONTHS <u>11</u>
	DAYS <u>22</u>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>	
	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) <u>Keokuk Iowa</u>		
FATHER	13. NAME <u>Robert J. Swiggard</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ireland</u>	
MOTHER	15. MAIDEN NAME <u>Elizabeth Clark</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ireland</u>	
17. INFORMANT (ADDRESS) <u>John P. Nealey</u>		
18. BURIAL, CREMATION, OR REMOVAL		
PLACE	<u>Salem Mo.</u>	DATE <u>July 11, 1933</u>
19. UNDERTAKER (ADDRESS) <u>H. M. Hagedorn</u> <u>New London Mo.</u>		
20. FILED <u>July 10, 1933</u> <u>W. S. Stearns</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1933 to July 9, 1933
I last saw her alive on July 9, 1933 Death is said to have occurred on the date stated above, at 4:30 p.m.
The principal cause of death and related causes of importance were as follows:
General breakdown from insanity
Date of onset 84
Other contributory causes of importance 84

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.

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) W. S. Stearns M. D.
(Address) New London 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.

AUG 26 1933

MISSOURI STATE BOARD OF HEALTH—THIS IS A PERMANENT RECORD

