

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

Do not use this space.

32671

1. PLACE OF DEATH

County..... Dunklin Registration District No. 283
Township..... Boysdale Primary Registration District No. 5402
City..... (No. St. Ward)

File No.....
Registered No.....

2. FULL NAME

Heleen Virginia Neal
(a) Residence, No. St. Ward. (If nonresident, give city or town and State)
(Usual place of abode)
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 F 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF ✓

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 10 - 1920
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
13 0 21

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Student
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) Mo.

MOTHER FATHER
13. NAME Dean Neal
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.
15. MAIDEN NAME Bessie Priddy
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

17. INFORMANT Dean Neal
(ADDRESS) Crystal Mo R 1

18. BURIAL, CREMATION, OR REMOVAL
PLACE McKean DATE 10-4-1933

19. UNDERTAKER Harwood & Anderson
(ADDRESS) Boysdale Mo

20. FILED 10-3- 1933 Kali Smith
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct-3- 1933
22. I HEREBY CERTIFY, That I attended deceased from Oct-1st 1933 to Oct-2nd 1933
I last saw him alive Oct-1st 1933 Death is said to have occurred on the date stated above, at 5h.

The principal cause of death and related causes of importance were as follows:
Malaria Tremor
Date of onset
38 5/8

Other contributory causes of importance:
Name of operation..... 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?..... 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) Kali Smith, M. D.
(Address) Boysdale 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.

NO. 4 1933

