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.

Mr Pallers

MAY 25 1934

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

Do not use this space.

1. PLACE OF DEATH
County Butler — Registration District No. 89 — File No. 12055
Township ~~Poplar Bluff~~ — Primary Registration District No. 3007 — Registered No. 77
City Poplar Bluff (No. Lucy Lee Hospital St. Ward)

2. FULL NAME Harley McNece
(a) Residence, No. 4 Mi. East of Qulin 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: 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~~ Pearl McNece

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 16, 1900

7. AGE — YEARS: 33 — MONTHS: 7 — DAYS: 18 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
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) Stoddard Co. Missouri

FATHER
13. NAME John McNece
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lawrence Co. Illinois

MOTHER
15. MAIDEN NAME Emma Palmer
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lawrence Co. Illinois

17. INFORMANT (ADDRESS) John McNece Qulin, Gen. Del.

18. BURIAL, ~~CREMATION, OR REMOVAL~~
PLACE Bethaney Cemetery 4/5/34 19

19. UNDERTAKER (ADDRESS) Greer Undertaking Co. Poplar Bluff, Mo.

20. FILED 4-5-, 1934 W. S. Bailey Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 4, 1934 19

22. I HEREBY CERTIFY, That I attended deceased from Mar 31, 1934 to April 4, 1934
I last saw him alive on April 8, 1934. Death is said to have occurred on the date stated above, at 1:50 A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	Mar 30 34
108	
108	

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) Alfred P. Perry, M. D.
(Address) Poplar Bluff, Mo.