

OCT 18 1934

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

Do not use this space.

34883

1. PLACE OF DEATH

County Saline Registration District No. 293
Township Clunwood Primary Registration District No. 5483
City (No.) 6136 St. _____ Ward _____

2. FULL NAME Samuel Abner Neel
(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>Male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept 23, 1860</u>				
7. AGE	YEARS <u>73</u>	MONTHS <u>11</u>	DAYS <u>15</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>Farmer</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>Saline Co</u>				
MOTHER	13. NAME <u>Dr L. C. Neel</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Virginia</u>			
	15. MAIDEN NAME <u>Sophia Miller</u>			
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Clunwood, Mo.</u>				
17. INFORMANT <u>Miss Katherine Neel</u> (ADDRESS) <u>Sweet Springs, Mo.</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Ridge Park</u> DATE <u>Sept 10, 1934</u>				
19. UNDERTAKER <u>Wardlaw's Mortuary</u> (ADDRESS) <u>Marshall, Mo.</u>				
20. FILED <u>Sept 10, 1934</u> <u>M. M. ...</u> Registrar.				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 8, 1934

22. I HEREBY CERTIFY, that I attended deceased from Aug 20, 1934 to Sept 8, 1934
I last saw him alive on Sept 8, 1934 Death is said to have occurred on the date stated above, at 9:45 p.m.
The principal cause of death and related causes of importance were as follows:
Chronic Myocarditis Date of onset 1913
9:45

Other contributory causes of importance: _____

Name of operation None Date of _____
What test confirmed diagnosis? Clinical 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. H. ... M. D.
(Address) Sweet Springs, 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.

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