

OCT 18 1934

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

Do not use this space.

1. PLACE OF DEATH

County Miller
Township Equality
City Wilson, Mo. (No. _____)

Registration District No. 564
Primary Registration District No. 3258

File No. 36697
Registered No. _____
St. _____ Ward _____

2. FULL NAME

Dr. Edwin Neal
(a) Residence, No. _____ St. _____ Ward _____
(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. _____
(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) -

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 13 1934

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
2 1 19

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. infant
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) Wilson, Mo. P.O.
(STATE OR COUNTRY) Miller Co.

13. NAME Stanley Neal
14. BIRTHPLACE (CITY OR TOWN) Miller Co. Mo.
(STATE OR COUNTRY)

15. MAIDEN NAME Lefty Ann Bean
16. BIRTHPLACE (CITY OR TOWN) Miller Co. Mo.
(STATE OR COUNTRY)

17. INFORMANT Stacy Neal
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE Hot Springs DATE 103 1934

19. UNDERTAKER W. Neigher
(ADDRESS)

20. FILED 10-8 1934 D. H. Brown
Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 2, 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept 15, 1934, to Oct 2, 1934

I last saw him alive on Sept 26, 1934. Death is said to have occurred on the date stated above, at 10:30 a.m.

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

cholera infantum
malnutrition
15
119
Date of onset _____

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 _____, 1934

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) Lynn M. Garner, M. D.
(Address) Fuscomb

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

