

FEB 21 1935

4115

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

Do not use this space.

1. PLACE OF DEATH

County.....

Township.....

City.....

Registration District No.

Primary Registration District No.

File No.

Registered No.

St.

Ward)

2. FULL NAME

(a) Residence, No.

(Usual place of abode)

St.

Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. da.

yrs.

mos.

da.

How long in U. S., if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Married

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OR (OR) WIFE OF

John O. Neil

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

Dec 1 - 1858

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

76

1

29

OCCUPATION

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

House Wife

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

Dec 6, Iowa

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

FATHER

13. NAME

Harry Cade

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Ohio

MOTHER

15. MAIDEN NAME

Mary Jane Frye

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Ohio

17. INFORMANT (ADDRESS)

Mrs. Eva South
Revere Mo

18. BURIAL, CREMATION, OR REMOVAL

Johnson cemetery

DATE Jan 31 1935

19. UNDERTAKER (ADDRESS)

H. W. Eppelhart
Revere Mo

20. FILED

Jan 29 1934

J. L. McQuill
Registrar

MEDICAL CERTIFICATE OF DEATH

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

Jan 29 1935

22. I HEREBY CERTIFY That I attended deceased from

Jan 15 1935 to Jan 29 1935

I last saw him alive on Jan 28 1935 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:

apoplexy

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....., 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) J. L. McQuill, M. D.

(Address) Revere 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.

554

