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.

APR 9 1935

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

Do not use this space.

5924

1. PLACE OF DEATH
County Lawrence — Registration District No. 474 — File No.
Township Ozark — Primary Registration District No. 5638 — Registered No.
City (No. St. Ward)

2. FULL NAME Sarah Elizabeth McNeal
(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: Female
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 Thomas W. McNeal

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 3-14-1849

7. AGE: YEARS 85 — MONTHS 11 — DAYS 12 — If LESS than 1 day, hrs. or min.

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

FATHER
13. NAME Jess Gum
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia

MOTHER
15. MAIDEN NAME Letha Dunkill
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

17. INFORMANT (ADDRESS) Will McNeal. Miller Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Dunkill DATE 2-27- 19

19. UNDERTAKER (ADDRESS) Morris - Leiman - Miller Mo.

20. FILED 3/4" 1935 C. P. Cantrell Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-26- 1935

22. I HEREBY CERTIFY, That I attended deceased from Oct 26- 1934, to Feb-26 1935
I last saw her alive on Feb 13 1935. Death is said to have occurred on the date stated above, at 12 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic interstitial nephritis date of onset profibly 2 year standing	
Other contributory causes of importance: Interitis	10-26-24

Name of operation Date of
What test confirmed diagnosis? Urinary test 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) L. I. Holmes, M. D.
(Address) Miller Mo