

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

JUN 26 1935

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

Do not use this space.

17284

1. PLACE OF DEATH Madaway  
County Atichson Registration District No. 619  
Township ..... Primary Registration District No. 8821  
City ..... (No. ....) St. .... Ward)

File No. ....  
Registered No. 18

2. FULL NAME Rebecca Elizabeth Neal  
(a) Residence, No. 6 Mi. S.E. Clearmont, ..... 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 F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF James W. Neal  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 27, 1861  
7. AGE YEARS 63 MONTHS 7 DAYS 29 If LESS than 1 day, ..... hrs. or ..... min.

8. Trade, profession, or particular kind of work done, as splanner, sawyer, bookkeeper, etc. Housewife  
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) Ohio

13. NAME Wm. Pothtel

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

15. MAIDEN NAME Rachael Watson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not Known

17. INFORMANT Mrs. Ernest G. Reynolds  
(ADDRESS) Clearmont, Mo.

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Oak Hill Cemetery DATE ..... 19.....

19. UNDERTAKER Price Funeral Home  
(ADDRESS) Maryville Mo.

20. FILED May 31 1935 W. H. Kelley  
Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from Jan 1st 1935, to ..... 19.....  
I last saw her alive on 5/21 1935. Death is said

to have occurred on the date stated above, at 10:40 P.M.  
The principal cause of death and related causes of importance were as follows:

Senility with dementia Date of onset

Other contributory causes of importance: 97  
Arterio Sclerosis

Name of operation ..... 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? .....

If so, specify .....  
(Signed) P. W. Kirk M. D.  
Sept. 15 1935  
(Address) .....

Rx to new