

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.

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

Do not use this space.

JUN 26 1935

17290

1. PLACE OF DEATH
 County Madaway. Registration District No. 625
 Township Primary Registration District No. 8827
 City Maryville Mo. (No.), St. Ward

2. FULL NAME Mary Alice Neal.
 (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 Female. 4. COLOR OR RACE White. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed.
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OR (OR) WIFE OF Thomas V. Neal.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) December 25. 1885

| 7. AGE | YEARS | MONTHS | DAYS | If LESS than 1 day,hrs. ormin. |
|--------|-------|--------|------|--|
| | 83. | 4. | 7. | |

8. Trade, profession, or particular kind of work done, as spinner, 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) Bloomfield. Ind.

13. NAME Nero Shanklin.

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

15. MAIDEN NAME Margaret Beaty.

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

17. INFORMANT Nora Neal. Maryville Mo.
 (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL Miriam Cemetery
 PLACE DATE May 5. 1935.

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

20. FILED May 4. 1935. Manuel E. Clardy
 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 2. 1935, 19

22. I HEREBY CERTIFY That I attended deceased from May 2. 35. to May 2. 35

I last saw him at his home on May 2. 1935. Death is said to have occurred on the date stated above, at m.

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

Heart Failure
(Sudden) post
Coronary Thrombosis

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

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) Chas. J. Bell, M. D.
 (Address) Maryville, Mo.

