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

JUL 2 3 1935

Do not use this space.

19826

File No. .....

Registered No. 196

1. PLACE OF DEATH

County JACKSON Registration District No. 398

Township BLUE Primary Registration District No. 5554

City ~~INDEPENDENCE~~ (No. 1808, HARVARD St. ..... Ward)

2. FULL NAME GEORGE E NEELY

(a) Residence, No. 1808 HARVARD 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: MALE

4. COLOR OR RACE: WHITE

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF MRS. NELLIE MAE NEELY

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) AUGUST-9-1873

7. AGE: YEARS 61 | MONTHS 10 | DAYS 6 | If LESS than 1 day, ... hrs. or ..... min.

61

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. FAIRBANKS-MORRIS

10. Date deceased last worked at this occupation (month and year) JUNE-1935

11. Total time (years) spent in this occupation 34

12. BIRTHPLACE (CITY OR TOWN) SANTA BARBARA (STATE OR COUNTRY) CALIFORNIA

FATHER

13. NAME SAMUEL F. NEELY

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

MOTHER

15. MAIDEN NAME MARY E. FORD

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

17. INFORMANT MR. NELSON S. NEELY (ADDRESS) 1808 HARVARD

18. BURIAL, CREMATION, OR REMOVAL PLACE MT. WASHINGTON DATE JUNE 17, 1935

19. UNDERTAKER D.W. NEWCOMER'S SONS (ADDRESS) 2111 E. 9TH ST. KANSAS CITY, MO.

20. FILED 6-21-, 1935 J. L. Cook Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) JUNE-15, 1935

22. I HEREBY CERTIFY, That I attended deceased from June 1, 1935, to June 14, 1935. I last saw him alive on June 14, 1935. Death is said to have occurred on the date stated above, at 4:00 A.m.

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

	Date of onset
Angina Pectoris	

Other contributory causes of importance:

Hypertension

Name of operation none 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? no

If so, specify. —

(Signed) B. Frank Watson, M. D.

(Address) 1120 Rialto K.C. 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.

3- 5:30