

SEP 18 1935

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

Do not use this space.

22583

1. PLACE OF DEATH

County DeKalbRegistration District No. 264Township GrantPrimary Registration District No. 5367City (No.)File No. Registered No. St. Ward 2. FULL NAME Andrew Jackson Neil(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

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

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

June 30 1855

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day,hrs. ormin.

80014

OCCUPATION

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

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)

Lee Co. Iowa.

FATHER

13. NAME

James Neil

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

Ireland

MOTHER

15. MAIDEN NAME

Parthena Vickors

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

Charleston W. Va.

17. INFORMANT (ADDRESS)

Chas Neil, Maysville Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Fairport Mo DATE 7/16-35

19. UNDERTAKER (ADDRESS)

U. G. Pilcher, Maysville Mo.

20. FILED

July 16, 1935 Mrs. Kessler Ginn, Registrar.

MEDICAL CERTIFICATE OF DEATH

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

July 14, 1935

22. I HEREBY CERTIFY That I attended deceased from

Aug 1, 1935 July 14, 1935I last saw him alive on July 14, 1935. Death is saidto have occurred on the date stated above, at 7 P. m.

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

Date of onset

Corony occlusion

Arterio sclerosis

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) L. S. Blacklock, M. D.(Address) Kang City 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.

