

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.

JAN 16 1936

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

Do not use this space.

39325

1. PLACE OF DEATH

County Greene Registration District No. 324
Township N. Robberson Primary Registration District No. 5249
City (No.) St. Ward

File No. _____
Registered No. _____

2. FULL NAME Mrs Jerlie Florence Mc Niel

(a) Residence, No. R. F. D. 5, Springfield, Mo. 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 Raymond Mc Niel

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 22, 1905

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
30 8 14

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

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) Greene County, Mo. (STATE OR COUNTRY)

13. NAME Mack Lindsay

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

15. MAIDEN NAME Sarah Lindsey

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

17. INFORMANT Raymond Mc Niel (ADDRESS) R. F. D. 5, Springfield, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Rosehill Cem. DATE Dec 7, 1935

19. UNDERTAKER Greenwade Undertaking Co., (ADDRESS) Willard, Missouri

20. FILED Dec 7, 1935 Mrs. Guy Freeman Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) December 6, 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec. 4-1935 to Dec. 6th, 1935
I last saw him alive on Dec 5th, 1935. Death is said to have occurred on the date stated above, 6.15 A.M.
The principal cause of death and related causes of importance were as follows:

Double Labor

Pneumonia

Fever

Other contributory causes of importance

Date of onset

Dec 1-1935

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? nil 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 nil
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify _____
(Signed) W.E. Allright, M. D.
(Address) Pleasant Hope, Mo.



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