

MAR 20 1936

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

Do not use this space.

6604

1. PLACE OF DEATH

County LawrenceRegistration District No. 467

File No. _____

Township AuroraPrimary Registration District No. 4280Registered No. 16City Aurora(No. Ozark Hospital St. _____ Ward _____)2. FULL NAME Litha Neill(a) Residence, No. R. F. D. # 1 Crane Mo. 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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>V. J. Neill</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July -2-1889</u>		
7. AGE <u>46</u>	YEARS <u>7</u>	MONTHS <u>26</u>
		DAYS <u>26</u>
		If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>	
	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 _____

FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Oklahoma</u>
	13. NAME <u>E. F. Peters</u>
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>
	15. MAIDEN NAME <u>Martha Redding</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>
	17. INFORMANT <u>V. J. Neill</u> (ADDRESS) <u>Crane Mo. R. F. D. # 1</u>
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Crane Mo.</u> DATE <u>march 1 1936</u>	
19. UNDERTAKER <u>King Funeral Home</u> (ADDRESS) <u>Aurora Mo.</u>	
20. FILED <u>2/28</u> 19 <u>36</u> <u>R. W. Cowan, M. D.</u> Registrar	

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) February 28 193622. I HEREBY CERTIFY, That I attended deceased from Feb. 17 1936 to Feb. 26 1936I last saw him alive on Feb. 25 1936. Death is said to have occurred on the date stated above, at 10.00 A.M.

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

Shock following gastric ulcer perforation when he left the house suddenly. Long impacted gall bladder calculus.

Other contributory causes of importance:

chronic tubercular and gall stones

Name of operation Gall bladder operation Date of 2-17-36What test confirmed diagnosis? Autopsy 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) R. W. Cowan, M. D.(Address) Aurora 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.

