

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.

MAY 19 1936

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

Do not use this space.

15495

1. PLACE OF DEATH

County JacksonRegistration District No. 299Township JeanPrimary Registration District No. 1002City Transuey (No. 72 C General Hosp)

File No.

Registered No. 217St. Ward2. FULL NAME Ray Neale(a) Residence, No. 142 Penn St., Ward.

(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 M. 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*writes the word*)

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

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

7. AGE YEARS 56 MONTHS DAYS If LESS than 1 day,hrs. ormin.

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) (STATE OR COUNTRY)

13. NAME Ortendon Neale14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky15. MAIDEN NAME Lauri Stevens16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) no record17. INFORMANT Mellie P. Neal (ADDRESS) 27 E 32 St18. BURIAL, CREMATION, OR REMOVAL PLACE Moberly Mo DATE April 28, 193619. UNDERTAKER Louis J. Lakin Co. (ADDRESS) 20 W Woodward20. FILED Apr 28, 1936 M. M. Brown Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-27, 193622. I HEREBY CERTIFY, That I attended deceased from 4-25, 1936, to 4-27, 1936I last saw him alive on 4-27, 1936 Death is saidto have occurred on the date stated above, at 10:00

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

Cerebral Hemorrhage
Chronic Myocarditis
Chronic Nephritis

Date of onset

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?.....

If so, specify.....

(Signed) J. J. [Signature], M. D.(Address) 72 C General Hosp K.C. Mo

