

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 22 1936

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

Do not use this space.

1. PLACE OF DEATH

County Linn  
Township Locust Creek  
City Linneus (No. ...., .... Ward)

Registration District No. 501  
Primary Registration District No. 4303

File No. 15915  
Registered No. ....  
St. .... Ward

2. FULL NAME Martha Jane Neal

(a) Residence, No. .... 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF XXXXXXXXXXXXXXXXXXXXXXXXXX

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 18 1851

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
84 3 17

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home  
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) Linneus Missouri

FATHER 13. NAME James A. Neal

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Scott Co., Kentucky

MOTHER 15. MAIDEN NAME Elizabeth Russell

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Marion Co., Kentucky

17. INFORMANT (ADDRESS) Joe A. Neal Linneus, Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE Elmwood DATE 4/8/1936

19. UNDERTAKER (ADDRESS) Thorne Undertaking Co. Linneus, Missouri

20. FILED 4-7 1936 J. W. Webb Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 5 1936

22. I HEREBY CERTIFY That I attended deceased from April 2 1936 to April 5 1936  
I last saw h. or alive on April 5 1936 Death is said to have occurred on the date stated above, at 11 P. m.  
The principal cause of death and related causes of importance were as follows:

Bronchopneumonia  
110  
Other contributory causes of importance: Influenza  
Date of onset Apr 4 '36  
4-2-36

Name of operation ..... Date of .....  
What test confirmed diagnosis? ..... Was there an autopsy? No

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) J. P. ... M. D.  
(Address) Linneus, Mo.

