

JUL 29 1936

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

Do not use this space.

25197

1. PLACE OF DEATH

County

Township

City

*Shannon*  
*Winona*

Registration District No.

Primary Registration District No.

(No.

*873*

*6074*

File No.

Registered No.

St.

Ward)

2. FULL NAME

*Adline Neal*

(a) Residence, No.

(Usual place of abode)

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

*F*

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

*Charles Homer Neal*

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

*June 26 1894*

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, .....hrs. or .....min.

*41*

*11*

*24*

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

*Housewife*

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)

*Missouri*

13. NAME

*Neal*

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

*Missouri*

15. MAIDEN NAME

*Neal*

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

*Missouri*

17. INFORMANT

(ADDRESS)

*Charles Homer Neal*

18. BURIAL, CREMATION, OR REMOVAL

PLACE

DATE

*Fulling Apr. C*

*June 21 1936*

19. UNDERTAKER

(ADDRESS)

*None*

20. FILED

*7-8*

*1936*

*Mabel Boach*

Registrar.

MEDICAL CERTIFICATE OF DEATH

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

*June 20 1936*

22. I HEREBY CERTIFY, That I attended deceased from

19..... to ..... 19.....

I last saw her alive on *June 18*, 19*36* Death is said to have occurred on the date stated above, at *5:10* p.m.

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

*Childbirth*

Date of onset

Other contributory causes of importance:

*WAS*

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

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

*Red. Davis*

(Signed)

M. D.

(Address)

*Beech Tree 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.

