

AUG 24 1936

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

Do not use this space.

26718

1. PLACE OF DEATH

County Jackson
Township Kaw
City Kansas City

Registration District No. 399
Primary Registration District No. 1002
(No. Trinity Lutheran Hosp)

File No. _____
Registered No. 3389
St. _____ Ward _____

2. FULL NAME

Nettie Neill

(a) Residence, No. Mill Grove 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. 3 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Fe 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 Ira Neill

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 21-1889

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 47 7 28

8. Trade, profession, or particular kind of work done, as spinner, 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) Mo -

FATHER 13. NAME Geo. Steckman

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

MOTHER 15. MAIDEN NAME Janie Sandlin

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

17. INFORMANT (ADDRESS) Ira Neill
Mill Grove Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Truiston Mo DATE July 19 1936

19. UNDERTAKER (ADDRESS) Mrs C L Foster
718 Brooklyn St Mo.

20. FILED July 19 1936 M. D. Browne
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 19 1936

22. I HEREBY CERTIFY, That I attended deceased from July 17 1936 to July 19 1936
I last saw h. in alive on July 19 1936. Death is said to have occurred on the date stated above, at 8 a. m.

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

Diffused general peritonitis, 7 10
Date of onset _____
Other contributory causes of importance: Suppurative appendicitis

Name of operation Removal of gallbladder Date of operation July 17 36
What test confirmed diagnosis? Physicall 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) Geo. A. Norbury, M. D.
(Address) 618 Professional Bldg.

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.

