

JAN 25 1937

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

Do not use this space.

45967

1. PLACE OF DEATH

County St. Clair
Township Appleton
City Appleton City (No. _____ St. _____ Ward)

Registration District No. 761
Primary Registration District No. 4756

File No. _____
Registered No. _____

2. FULL NAME

Lesley James Neals
(a) Residence. No. _____ St. _____ Ward. _____
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

M

4. COLOR OR RACE

W

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

M

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

Ellen Watson

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

Nov 1 - 1888

7. AGE

YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
<u>48</u>	<u>1</u>	<u>25</u>	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Farmer
(b) General nature of industry, business, or establishment in which employed (or employer).
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) Mo

10. NAME OF FATHER

James H Neals

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY) Missouri

12. MAIDEN NAME OF MOTHER

Mary Springer

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY) Mo

14. INFORMANT

Ellen Neals
(Address) Appleton City Mo

15. FILED

Jan 8, 1937 F. A. Neaney
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 26 1936

17. I HEREBY CERTIFY, That I attended deceased from Jan 10, 1936, to Dec 26, 1936 that I last saw him alive on Dec 25, 1936, and that death occurred, on the date stated above, at 10:20 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

uremia
Chronic Nephritis
(duration) 1 yrs. _____ mos. _____ ds.

CONTRIBUTORY (SECONDARY)

(duration) _____ yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH. _____

DID AN OPERATION PRECEDE DEATH? No DATE OF _____

WHAT TEST CONFIRMED DIAGNOSIS Laboratory Hunt

(Signed) A. L. Hunt M. D.

, 19 _____ (Address) Appleton City Mo

*State the DISEASE CAUSING DEATH, if in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

Mt Zion

DATE OF BURIAL

12.29 1936

20. UNDERTAKER

Francis Lee Appleton City 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.

CONFIDENTIAL - SECURITY INFORMATION

1. The following information was obtained from a source who has provided reliable information in the past.

2. The source has advised that the following information is being disseminated to you for your information.

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6. The source has advised that the following information is being disseminated to you for your information.

7. The source has advised that the following information is being disseminated to you for your information.