

FEB 25 1937

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

Do not use this space.

1246

1. PLACE OF DEATH

County Jackson

Registration District No.

File No.

Township Kan

Primary Registration District No.

Registered No. 937

City Kansas City (No. 604 W 14th Street)

St. Ward

2. FULL NAME William L. McNeil

(a) Residence, No. 604 W 14th St 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. 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 (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 14, 1858

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 78 1 19

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none 262

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

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 1

13. NAME John McNeil 31

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not Known 31

15. MAIDEN NAME Ellen Johns 31

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not Known

17. INFORMANT (ADDRESS) Elba McNeil 604 W 14th St

18. BURIAL, CREMATION, OR REMOVAL PLACE Rosalia Mo DATE 1-4

19. UNDERTAKER (ADDRESS) Quirk & John

20. FILED 1-4 1937 M. M. Crowe, Reg.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-3-37 19

22. I HEREBY CERTIFY That I attended deceased from

I last saw him Deputy Coroner 19

to have occurred on the date stated above, at 8 AM Death is said

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

Coronary Sclerosis Date of onset

Chc Fibrous Myocarditis

Other contributory causes of importance: None

Name of operation Date of

What test confirmed diagnosis? Autopsy 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

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) Russell W. Jensen M. D.

(Address) St. Louis

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.

