

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

Do not use this space.

JUN 12 1937

18864

1. PLACE OF DEATH

County Jackson

Registration District No. 399

File No. _____

Township Jean

Primary Registration District No. 1002

Registered No. 21728

City Kennett (No. K C Gen Hosp)

St. _____ Ward _____

2. FULL NAME

Albert McNeil

(a) Residence, No. 816 E 31st St., _____ Ward.

Length of residence in city or town where death occurred 3 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)

Widowed

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

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

6-10-1882

7. AGE

YEARS

MONTHS

DAYS

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

60

54

10

21

OCCUPATION

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

none

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

Dudley McNeil

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

Tenn

MOTHER

15. MAIDEN NAME

Annie Curtis

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

Tenn

17. INFORMANT (ADDRESS)

McNeil Clerk K C Gen Hosp

18. BURIAL, CREMATION, OR REMOVAL

PLACE Catholic DATE 5-4 1937

19. UNDERTAKER (ADDRESS)

Quirk & Johnson 212 W Lincoln

20. FILED

May 3, 1937 M. M. Crowe, asst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-1-1937

22. I HEREBY CERTIFY, That I attended deceased from

3-19-1937 to 5-1-1937

I last saw him alive on 5-1-1937 Death is said to have occurred on the date stated above, at 2:20 PM

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

Hypertrophy and dilatation of heart, Chronic vasculer nephritis, Cirrhosis of liver

Other contributory causes of importance:

124B

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ 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) P. F. De Maria M. D.

(Address) Sub 7c Gen Hosp KC

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.

