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

Do not use this space.

JUN 23 1937

1. PLACE OF DEATH
County Johnson
Township Columbus,
City ..... (No. ..... , ... St. ..... Ward)

Registration District No. 431
Primary Registration District No. 5590

File No. 20473
Registered No. 52

2. FULL NAME Charles Neal

(a) Residence, No. ..... 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): Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 24, 1937

7. AGE — YEARS: ; MONTHS: ; DAYS: 12hrs ; If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ——
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) Warrensburg, RFD

FATHER
13. NAME C. F. Neal
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

MOTHER
15. MAIDEN NAME Odett McMurphy
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT C. F. Neal
(ADDRESS) Warrensburg, RFD

18. BURIAL, CREMATION, OR REMOVAL
PLACE Jacoby Chapel DATE May 25, 1937

19. UNDERTAKER Sweeney-Phillips
(ADDRESS) Warrensburg, Mo

20. FILED May 25, 1937 Ewa Henry
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May, 24, 1937

22. I HEREBY CERTIFY, That I attended deceased from May 24, 1937, to May 24, 1937
I last saw h.. alive on May 24, 1937. Death is said to have occurred on the date stated above, at 1 P m.
The principal cause of death and related causes of importance were as follows:

Enlarged thymus

Date of onset

Other contributory causes of importance

Name of operation ..... Date of .....
What test confirmed diagnosis? History Was there an autopsy? No

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? No
If so, specify .....
(Signed) W. F. McKee, M. D.
(Address) Warrensburg 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.