

JUN 30 1937

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

Do not use this space.

21534

1. PLACE OF DEATH

County St. Louis Registration District No. 842
Township Perce Primary Registration District No. 6104
City (No.) Ward

File No. _____
Registered No. _____
St. ; _____ Ward

2. FULL NAME

Edgar L. Neill

(a) Residence, No. Prave, Mo. St. _____ Ward _____

Length of residence in city or town where death occurred yrs. 50 mos. 3 ds. 16 How long in U. S., if of foreign birth? yrs. _____ mos. _____ ds. _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 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 Ola Neill

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 16, 1885

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
50 3 16

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

FATHER 13. NAME John M. Neill

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

MOTHER 15. MAIDEN NAME Arma Peters

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

17. INFORMANT (ADDRESS) Mrs. Ola Neill Prave, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Masonic DATE 1-3 1937

19. UNDERTAKER (ADDRESS) Geo. H. Manlove Prave, Mo.

20. FILED 1-2 1937 Mrs. Ethel Doggett Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-2 1937

22. I HEREBY CERTIFY, That I attended deceased from 12-16, 1936, to 12-27, 1936
I last saw him alive on 12-27, 1936 Death is said to have occurred on the date stated above, at 2:55 a.m.
The principal cause of death and related causes of importance were as follows:

Calitic (Ulcerative)
Phlyo neurosen

Date of onset

Other contributory causes of importance:

120 B

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ 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? _____
If so, specify _____

(Signed) J. R. Doggett, M. D.
(Address) Prave, Missouri

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.

