

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.

JUL 10 1937

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

Do not use this space.

22638

1. PLACE OF DEATH

County Jackson
Township St. V. Mo.
City General Hosp. #2 (No. General Hosp. #2)

Registration District No. 397
Primary Registration District No. 1002

File No. _____
Registered No. _____
St. 3rd Ward

2. FULL NAME

(a) Residence, No. 2919 Spryette 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

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 4-2-1878

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
37 67 1 26

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

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) Ark.

13. NAME George Neal

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

15. MAIDEN NAME Sarah

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

17. INFORMANT (ADDRESS) General Hospital

18. BURIAL, CREMATION, OR REMOVAL PLACE Highland DATE 6/2 1937

19. UNDERTAKER (ADDRESS) Stattins Bros. 1329 Lydia

20. FILED 6/2 1937 W. D. Brown Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-28 1937

22. I HEREBY CERTIFY, That I attended deceased from 5-11, 1937, to 5-28, 1937.

I last saw him alive on 5-28, 1937. Death is said to have occurred on the date stated above, at 11:45 P.M.

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

Multiple myeloma

Other contributory causes of importance:

Progressive spinal muscular atrophy

Name of operation _____ Date of _____
What test confirmed diagnosis? Clinical 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) J. C. Surget M. D.

(Address) General Hosp. #2

