

- 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.

H. Taylor
JUL 27 1937

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

Do not use this space.

1. PLACE OF DEATH
 County Col. Registration District No. 213 File No. 23515
 Township _____ Primary Registration District No. 3014 Registered No. 190
 City Jefferson (No. _____) St. _____ Ward _____
 2. FULL NAME Carl Neely
 (a) Residence, No. 614 Washington 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 Male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Divorced
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1905-11-05
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
31 6 24
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Taxi Driver
 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) Callaway Co. Mo
 13. NAME Abner Neely
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Boone Co. Mo
 15. MAIDEN NAME Mina Morris
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Callaway Co. Mo
 17. INFORMANT Mina Neely
 (ADDRESS) 614 Washington St.
 18. BURIAL, CREMATION, OR REMOVAL PLACE Wt. Union DATE June 14 1937
 19. UNDERTAKER Janson & Cannon
 (ADDRESS) _____
 20. FILED 6/15/37 Superior Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 12 1937
 22. I HEREBY CERTIFY That I attended deceased from June 10 1937 to June 12 1937
 I last saw him alive on June 11 1937 Death is said to have occurred on the date stated above, at 9:45 a.m.
 The principal cause of death and related causes of importance were as follows:
General Arthritis
Myocardial degeneration
 Date of onset 1933
 Other contributory causes of importance: _____
 Name of operation _____ Date of _____
 What test confirmed diagnosis? Asperul & X-ray 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) H. Taylor, M. D.
 (Address) Jefferson City Mo

