JUL 31 1937

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

Do not use this space.

File No. 24688

Registered No. 11

1. PLACE OF DEATH
County Randolph
Township Prairie
City Renick (No. ..., ... St. ... Ward)

Registration District No. 736
Primary Registration District No. 424 210

2. FULL NAME Elizabeth Bailey 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: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 10th 1868

7. AGE: Years 68 | Months 9 | Days 4 | If LESS than 1 day, ... hrs. or ... min.

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OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home
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 Thomas H Bailey
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky

MOTHER

15. MAIDEN NAME Mary Robinson
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Va

17. INFORMANT (ADDRESS) Fred Neal R F D Moberly Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Oliver DATE June 15th 1937

19. UNDERTAKER (ADDRESS) Mahan and Son Moberly Mo

20. FILED June 17 1937 G P Kincheloe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 14th 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 1 1937 to June 14 1937

I last saw h. alive on June 13 1937. Death is said to have occurred on the date stated above, at 2 45 a m.

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

	Date of onset
Heart failure	

Other contributory causes of importance:
Chronic Rheumatism
Arthritis

Name of operation ... Date of ...
What test confirmed diagnosis? ... Was there an autopsy?

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 No
(Signed) R A Woods, M. D.
(Address) Clark 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.