

AUG 19 1937

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

Do not use this space.

1. PLACE OF DEATH

County Cape Girardeau Registration District No. 125 File No. 26868  
Township \_\_\_\_\_ Primary Registration District No. 3009 Registered No. 218  
City Cape Girardeau St. 507 Park St Ward \_\_\_\_\_

2. FULL NAME

Paul Bowen McNeil  
(a) Residence, No. 507 Park St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)

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 White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 16 1892

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
45 4 25

OCCUPATION  
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chief Polic  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Cape Girardeau  
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) Fruitland Mo

MOTHER FATHER  
13. NAME George McNeil

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New York

MOTHER  
15. MAIDEN NAME Adelphi Campbell

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Fruitland Mo

17. INFORMANT (ADDRESS) Mr Paul McNeil

18. BURIAL, CREMATION, OR REMOVAL PLACE Pleasant Hill Cemetery July 13 1937

19. UNDERTAKER (ADDRESS) Haman Funeral Home Cape Girardeau Mo

20. FILED 7-11-37 J. M. Thompson Registrar

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 11 1937

22. I HEREBY CERTIFY that I attended deceased from July 11 1937 to July 11 1937

I first saw him alive on July 11 1937 Death is said to have occurred on the date stated above, at 8:30 p.m.

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

Angina Pectoris or Coronary Occlusion Date of onset 7-11-37

Other contributory causes of importance: None

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis Medical Was there an autopsy No

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? No Date of injury \_\_\_\_\_, 19\_\_\_\_

Where did injury occur? No (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury No

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_

If so, specify \_\_\_\_\_

(Signed) Dr. J. M. Thompson, M. D.

(Address) Cape Girardeau Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

