

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.

Dr. Welch
 1011937
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MISSOURI STATE BOARD OF HEALTH
 BUREAU OF VITAL STATISTICS
 CERTIFICATE OF DEATH

Do not use this space.

34707

1. PLACE OF DEATH
 County Macon Registration District No. 529
 Township Morrow Primary Registration District No. 5706
 City (No. _____) St. _____ Ward _____

2. FULL NAME Rebecca Neel

(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 <u>Female</u> | 4. COLOR OR RACE <u>W</u> | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widow</u> |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>John W. Neel</u> | | |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Mar. 7th 1858</u> | | |
| 7. AGE | YEARS | MONTHS |
| <u>79</u> | <u>79</u> | <u>5</u> |
| | | DAYS |
| | | <u>25</u> |
| If LESS than 1 day, _____ hrs. or _____ min. | | |
| OCCUPATION | 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Retired</u> | |
| | 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) <u>Macon Mo.</u> | | |
| FATHER | 13. NAME <u>Jefferson Morrow</u> | |
| | 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ok</u> | |
| MOTHER | 15. MAIDEN NAME <u>Mamie Sumner</u> | |
| | 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ok</u> | |
| 17. INFORMANT (ADDRESS) <u>Jeff Neel, Macon, Mo.</u> | | |
| 18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Concord, Mo. DATE Seph 27th 1937</u> | | |
| 19. UNDERTAKER (ADDRESS) <u>Stephens & Scadding, Macon, Mo.</u> | | |
| 20. FILED <u>Oct 10 1937 Mrs R.W. Dowell Registrar.</u> | | |

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 30th 1937

22. I HEREBY CERTIFY, That I attended deceased from Aug 21, 1937, to Aug 31, 1937
 I last saw her alive on Aug 30, 1937 Death is said to have occurred on the date stated above, at 11:35 a.m.
 The principal cause of death and related causes of importance were as follows:
Cerebral apoplexy
arteriosclerosis

Name of operation _____ Date of _____
 What test confirmed diagnosis? Phys exam. 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. W. Welch, M. D.
 (Address) Callao Mo.

