DEC 15 1937

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

Do not use this space.

40848

1. PLACE OF DEATH
County Cape Girardeau
Township ~~Ayer~~
City Jackson, Mo. (No. ..... St. ..... Ward)

Registration District No. 124
Primary Registration District No. 4070

File No. .....
Registered No. 49

2. FULL NAME John J. McNeely
(a) Residence, No. 118 Morgan St., 3rd 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): married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Delia Colyer McNeely

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 13, 1873

7. AGE: YEARS 64 | MONTHS 9 | DAYS 11 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Machinist
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) Shawneetown Mo.

FATHER
13. NAME John Newton McNeely
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Shawneetown, Mo.

MOTHER
15. MAIDEN NAME Eliza Dement
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cape Girardeau Co., Mo.

17. INFORMANT (ADDRESS) Raymond McNeely Jackson, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Russell Heights Cem. DATE Nov. 26, 1937

19. UNDERTAKER (ADDRESS) Macke-Wilson-Howard, Inc Jackson, Mo.

20. FILED 11-26 1937 D. G. Seiber Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 24, 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov. 1st, 1937, to Nov 24, 1937
I last saw him alive on Nov. 24, 1937. Death is said to have occurred on the date stated above, at 2:50 P m.
The principal cause of death and related causes of importance were as follows:

Pulmonary infarction with pulmonary Edema

Date of onset

Other contributory causes of importance:

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 .....
(Signed) B. H. Hays, M. D.
(Address) Jackson, Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. ... CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

1116

FILL IN ANSWERS TO ALL SPACES CHECKED IN RED PENCIL.

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

40848
Do not use this space.

1. PLACE OF DEATH
(a) County: Cape Girardeau — Registration District No.: 124
(b) Township: — Primary Registration District No.: 4070 — Registered No.:
(c) City: Jackson — (d) Street No.: — St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred: yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME: John J. McNeeley
(a) Residence, No.: St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): M

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

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

7. AGE: Years 64 — Months 9 — Days 11 — If LESS than 1 day, ...hrs. or ...min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as 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)

FATHER
13. NAME
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

MOTHER
15. MAIDEN NAME
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL
PLACE DATE 19

19. FUNERAL DIRECTOR (ADDRESS)

20. FILED 4-20 1937 D. G. Seibert
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 24 1937

22. I HEREBY CERTIFY, That I attended deceased from ...19... to ...19...
I last saw h... alive on ...19... Death is said to have occurred on the date stated above, at ...m.
The principal cause of death and related causes of importance were as follows:

Pulmonary infarction with pulmonary edema
Signs other than this gross unknown

Date of onset

Other contributory causes of importance:

B. W. Hays, M.D.

Name of operation: None — 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
(Signed) B. W. Hays, M. D.
(Address) Jackson Mo.

SUPPLEMENTAL

REPRODUCTIONS OF THIS RECORD, A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.