

REC'D MAR 15 1938

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

Do not use this space.

1. PLACE OF DEATH

County Callaway
Township Fulton
City Fulton (No. _____ St. _____ Ward _____)

Registration District No. 104
Primary Registration District No. 3008

File No. 6258
Registered No. 36

2. FULL NAME

Hyde W. McNeel (Henry W. McNeel)
(a) Residence, No. Adessa Mo St., _____ Ward _____

Length of residence in city or town where death occurred 0 yrs. 0 mos. 24 ds. How long in U. S., if of foreign birth? _____ yrs. _____ mos. _____ ds. (If nonresident, give city of town and State)

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 Mary Gordon McNeel

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 12, 1859

7. AGE YEARS 78 MONTHS 6 DAYS 27 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Merchant - City Clerk
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) Missouri

MOTHER FATHER 13. NAME Abram McNeel

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) N. Virginia

15. MAIDEN NAME Mary E. White

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) N. Virginia

17. INFORMANT Hosp. Records (ADDRESS) _____

18. BURIAL, CREMATION, OR REMOVAL PLACE Adessa Mo DATE 2-4-38

19. UNDERTAKER (ADDRESS) Blincov Jones Adessa Mo

20. FILED Feb 3, 1938 R. N. Chesney Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 3, 1938

22. I HEREBY CERTIFY, That I attended deceased from June 10, 1938, to Feb 3, 1938. I last saw him alive on Feb 2, 1938. Death is said to have occurred on the date stated above, at 2 1/2 m.

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

Cerebral apoplexy 1/24/38
95 1/2

Other contributory causes of importance:

Hypertension
Essential arteriosclerosis
Arteriosclerotic hypertrophy

Name of operation None Date of _____

What test confirmed diagnosis? _____ 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 1

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify _____

(Signed) F. A. Barnett, M. D.

(Address) Fulton, Mo

WRITE PLAINLY WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

