

REC'D MAY 9 1938

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

13598

Do not use this space.

1578

## 1. PLACE OF DEATH

(a) County Jackson Registration District No. 399  
 (b) Township Kaw Primary Registration District No. 1002 Registered No. \_\_\_\_\_  
 (c) City Kansas City (d) Street No. 5136 Brookwood Rd. 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

(a) Residence, No. Dr. James E. Neely 400 5136 Brookwood Rd. St.  (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

## 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 Bess Neely

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 17, 1873

7. AGE YEARS 64 MONTHS 8 DAYS 24 If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Physician  
 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) April 1938 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) Harlem (STATE OR COUNTRY) Kentucky

FATHER 13. NAME James Neely  
 14. BIRTHPLACE (CITY OR TOWN) unknown (STATE OR COUNTRY) \_\_\_\_\_

MOTHER 15. MAIDEN NAME Sarah  
 16. BIRTHPLACE (CITY OR TOWN) unknown (STATE OR COUNTRY) \_\_\_\_\_

17. INFORMANT Mrs. Bess Neely (ADDRESS) 5136 Brookwood Rd.

18. BURIAL, CREMATION, OR REMOVAL PLACE W.M. Marsh DATE Apr. 13, 1938

19. FUNERAL DIRECTOR Duane Comer's Sons (ADDRESS) Brushcreek & Base

20. FILED Apr 12, 1938 M. M. Brown Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 11, 1938

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_.

I last saw him \_\_\_\_\_ live on \_\_\_\_\_, 19\_\_\_\_. Death is said

to have occurred on this date at \_\_\_\_\_  
 The principal cause of death and remote causes of importance were as follows:

Coronary sclerosis  
Diffuse myocardial fibrosis

Other contributory causes of importance: ABC

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

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

(Signed) Arthur B. Hunter, M. D.

(Address) Gen. Hosp., K.C. Mo

**STATEMENT BY LICENSED EMBALMER**

I, ....., Licensed Embalmer No. ....

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

..... L. E. ....

No.....or by....., Registered Apprentice No.....

working under my personal supervision.

Signed

*George M. Collier*

Licensed Embalmer No. 3839

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)**