N. B.—Every item of information should be carefully supplied. ALL should be stated EXACTLY. Approximate dates are not sufficient. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Apr 28 1938

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

Do not use this space.

File No. 15271

Registered No. 128

1. PLACE OF DEATH

County: Marion

Township: Mason

City: Hannibal (No. 1411, Union St., Ward)

Registration District No. 547

Primary Registration District No. 3074

2. FULL NAME: Glenn G. Neal 4.00

(a) Residence, No. 1411 Union St 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: 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: Lena Neal

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): March 29, 1895

7. AGE: Years 43 | Months 0 | Days 25 | If LESS than 1 day, ...hrs. or ...min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.:

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: C.B.&Q Railroad

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): Ralls Co., Mo.

FATHER

13. NAME: Henry Neal

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

MOTHER

15. MAIDEN NAME: Pheobe Moore

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Illinois

17. INFORMANT (ADDRESS): Lena Neal, 1411 Union St

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Grandview DATE: April 26 38, 19..

19. UNDERTAKER (ADDRESS): Smiths' Funeral Home, 902 Broadway

20. FILED: Apr 28, 1938 H C Fisher, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): April 24, 1938

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 7.40 p.m.

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

	Date of onset
Myocarditis	

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) James O'Donnell, M. D.

(Address) Hannibal, Mo

Coroner of Marion County, Mo