

REC'D MAY 17 1938

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

15381
 Do not use this space.

1. PLACE OF DEATH

(a) County New Madrid Registration District No. 274
 (b) Township Lewis Primary Registration District No. 6261 Registered No.
 (c) City (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 Ed Neal

(a) Residence, No. 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

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE Blk 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4 - 8 19385A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Ed Neal22. I HEREBY CERTIFY, That I attended deceased from Apr 6 1938, to Apr 8 1938.I last saw her alive on Apr 6 1938. Death is said to have occurred on the date stated above, at 110 in.6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 10 - 4 - 1873

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 64 6 0Chronic NephritisDate of onset Oct 19368. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housework

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 112. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ark

Other contributory causes of importance:

13. NAME Harvey Rose14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) MoName of operation Clinical Date of
 What test confirmed diagnosis? Was there an autopsy no15. MAIDEN NAME Mary Rose16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo23. 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.

17. INFORMANT (ADDRESS) Ed Neal
Carrou MoManner of injury
 Nature of injury18. BURIAL, CREMATION, OR REMOVAL PLACE Carrou Mo DATE 4 - 10 193824. Was disease or injury in any way related to occupation of deceased? no19. FUNERAL DIRECTOR (ADDRESS) Hill Bros
Lilbourn MoIf so, specify (Signed) E. E. Jones, M. D.20. FILED May 10 1938 E. E. Jones Local Registrar.(Address) Lilbourn Mo

(Licensed Embalmer's Statement on Reverse Side)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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.....

Licensed Embalmer No.....

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