

REC'D JUN 7 1938

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

(Do not use this space.)

18835

1. PLACE OF DEATH

County MarionRegistration District No. 547Township Miller MassacPrimary Registration District No. 3029City Hannibal(No. Levering Ave.)

File No. _____

Registered No. 157

St. _____

Ward) _____

2. FULL NAME

(a) Residence, No. Clark Archie Neely(Usual place of abode) Caluya Mo.

St. _____

Ward. _____

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred

yrs.

mos.

da.

How long in U. S., if of foreign birth?

yrs.

mos.

da.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX

male

4. COLOR OR RACE

white5. SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)married

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF
(OR WIFE OF)Bulah Neely

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

Oct. 15 - 1890

7. AGE

YEARS
47MONTHS
7DAYS
—If LESS than 1
day, hrs.
or min.

OCCUPATION

8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.Mo. Highway Dept.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 15 yrs.

MOTHER FATHER

12. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Muska, Iowa.

13. NAME

John Neely14. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)New London, Mo.

15. MAIDEN NAME

Mary Agnes Simpson16. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Fredonia, Iowa17. INFORMANT
(ADDRESS)Mrs. C. A. Neely
Palmyra Mo.18. BURIAL, CREMATION, OR REMOVAL
PLACE Barkley Cemetery DATE May 12, 193819. UNDERTAKER
(ADDRESS)E. D. Sprague
Palmyra Mo.

20. FILED

May 16, 1938 H. C. Fisher
Registrar.21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-15-193822. I HEREBY CERTIFY That I attended deceased from
May 1, 1938 to May 15, 1938I last saw him alive on May 15, 1938 Death is saidto have occurred on the date stated above, at 9:45 a.m.

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

Acute Nephritis with Anuria
following pneumonia

Date of onset

Other contributory causes of importance:

Pulmonary hemorrhageChronic myocarditis, chronic
bronchitisName of operation None

Date of _____

What test confirmed diagnosis? clin. Was there an autopsy? No

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) H. C. Fisher(Address) 1001 BroadwaySt. L.

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FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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

18835-

Do not use this space.

1. PLACE OF DEATH

(a) County Marion Registration District No. 547
(b) Township _____ Primary Registration District No. 3029 Registered No. _____
(c) City Hannibal (d) Street No. _____ (If death occurred in Hospital or Institution, write its name instead of street and number) St. _____
(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

Clark Archie Neely
(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

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 MONTHS DAYS If LESS than 1 day, hrs. or min.
47 7 -

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 _____, 19____

Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-15-1935

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:

acute nephritis with anemia following pneumonia
7/12/38
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) J. J. Reichman, M. D.

(Address) 11601 Broadway
Hannibal, Mo

SUPPLEMENTARY

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

Exact statement of OCCUPATION is very important.

JUL 1 1952