

REC'D JUN 14 1938

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

19055
Do not use this space.

1. PLACE OF DEATH

(a) County Nodaway Registration District No. 625
(b) Township Maryville Primary Registration District No. 3031 Registered No. 5-8
(c) City Maryville (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 Lorena C. 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

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Ben F. Neal
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 7, 1870
7. AGE YEARS 68 MONTHS 1 DAYS 25 If LESS than 1 day, _____ hrs. or _____ min.
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. housewife
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) Nodaway Co. Mo.
13. NAME Warren G. Trueblood
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana
15. MAIDEN NAME Mary L. Zwilling
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New York

17. INFORMANT Roy Neal,
(ADDRESS) Graham, Mo.
18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Hill DATE May 5, 1938
19. FUNERAL DIRECTOR Price Funeral Home
(ADDRESS) Maryville, Mo.
20. FILED May 6, 1938 Mamie E. Clark Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 2, 1938
22. I HEREBY CERTIFY That I attended deceased from Feb. 15-1937 to May 2, 1938
I last saw her alive on May 1, 1938 Death is said to have occurred on the date stated above, at _____ a.m.
The principal cause of death and related causes of importance were as follows:

Cerebrospinal Lesion
Date of onset _____
Other contributory causes of importance: 34

Name of operation Clinical Date of _____
What test confirmed diagnosis? Clinical 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? No
If so, specify _____
(Signed) Wm. M. Wallace Jr. M. D.
Maryville, Mo.

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.

STATEMENT BY LICENSED EMBALMER

I, Clum M Price, Licensed Embalmer No. 1822

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

L. E.

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

working under my personal supervision.

Signed Clum M Price

Licensed Embalmer No. 1822

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.)