Carlisle

Do not use this space.

REC'D JUN 17 1938

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

19162

File No. 142

Registered No. 668

1. PLACE OF DEATH

County: Pettis — Registration District No. 668

Township: — Primary Registration District No. 3032

City: Sedalia (No. Bothwell Hospital St. Ward)

2. FULL NAME Hester Neal

(a) Residence, No. 646 East 14th 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*)
Female	White	Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF George

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 8, 1868

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
69	5	23	

OCCUPATION

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

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

FATHER

13. NAME James Davis

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unkown

MOTHER

15. MAIDEN NAME "

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) "

17. INFORMANT W. C. Martin
(ADDRESS) Kan. City, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Crown Hill DATE May 3, 1938, 19

19. UNDERTAKER Gillespie Funeral Home
(ADDRESS) Sedalia, Mo.

20. FILED 5-9-, 1938 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 1/38, 19

22. I HEREBY CERTIFY, That I attended deceased from May 15th, 1938, to May 1, 1938

I last saw her alive on May 1, 1938. Death is said to have occurred on the date stated above, at 5 40 p. m.

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

	Date of onset
Cerebral Hemorrhage	4-22-38
Hemiplegia - Right	4-22-38
Other contributory causes of importance:	
Cardio Nephritis	1936

Name of operation None Date of

What test confirmed diagnosis? Findings 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) Jno B Carlisle M.D., M. D.

(Address) Sedalia Mo 5-3-38

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