

JUL 20 1938

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

22141
Do not use this space.

1. PLACE OF DEATH

(a) County Jasper Registration District No. 411
 (b) Township Madama Primary Registration District No. 2002 Registered No. _____
 (c) City Joplin (d) Street No. Freeman Hospital _____ 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 Mrs. Ida McNeill

(a) Residence, No. R.R. Rocky Comfort, Mo. St. _____
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug - 3 - 1873

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
64 10 18

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. House
 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) Memph. Tenn.

FATHER 13. NAME John Murphy

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

MOTHER 15. MAIDEN NAME Mary Elizabeth Tate

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

17. INFORMANT (ADDRESS) E. J. McNeill, R. R. 1, Rocky Comfort, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE 6-22-38 Stella, Mo.

19. FUNERAL DIRECTOR (ADDRESS) W. J. Harris, Careville, Mo.

20. FILED 6-21-38 E. J. McNeill Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 21, 1938

22. I HEREBY CERTIFY, that I attended deceased from May 27, 1938, to June 20, 1938
 I last saw her alive on June 20, 1938. Death is said to have occurred on the date stated above, at 7:50 A.M.
 The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage Date of onset 5-27-38
g221

Other contributory causes of importance: Arteriosclerosis ?

Name of operation None Date of _____
 What test confirmed diagnosis? Physian Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? No 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) E. J. McNeill, M. D.
37-20 (Address) Joplin, Mo.

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 the above constitutes grounds for revocation of license.)