

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

25560
Do not use this space.

REC'D AUG 7 4 1938

1. PLACE OF DEATH

(a) County Jackson Registration District No. 400

(b) Township Prarie Primary Registration District No. 5553 B

(c) City Little Blue Mo (d) Street No. Jackson Co Home 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 ELMORE NEAL

(a) Residence, No. 714 Washington K.C. Mo 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 Negro 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*Write the word*) widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 17-1888

7. AGE YEARS 50 MONTHS 1 DAYS 13 If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. unemployed

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) Mississippi

FATHER 13. NAME Don't Know

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't Know

MOTHER 15. MAIDEN NAME Don't Know

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't Know

17. INFORMANT Eda Swingle (ADDRESS) 714 Washington

18. BURIAL, CREMATION, OR REMOVAL Blue Ridge Farm DATE 8-3-38

19. FUNERAL DIRECTOR (NAME) Edgar J. Greenhalgh (ADDRESS) K.C. Mo

20. FILED Aug 2 38 William J. Fields Local Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 30 1938

22. I HEREBY CERTIFY That I attended deceased from June 15 1938 to July 30 1938

I last saw him alive on July 30 1938. Death is said to have occurred on the date stated above at 4:30 PM

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

Artery + Mitral Insufficiency

Other contributory causes of importance: 92W

Name of operation None Date of None

What test confirmed diagnosis? None Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? None Date of injury None

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 None

Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? None

If so, specify None

(Signed) L. W. Booker M. D.

(Address) 2025 Vine St.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, Edw. J. Evans

....., or by

Registered Apprentice No....., working under my personal supervision.

Signed Edw. J. Evans

Licensed Embalmer No. 3836

P. O. Address 1819 6th St. N.W. Wash. D.C.

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.)

If this body is not embalmed, above space should be left blank.