

RECEIVED 25 1938

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

Do not use this space.

25823

1. PLACE OF DEATH

County Linn Registration District No. 501
Township Locust-Creek Primary Registration District No. 4304
City Linneus (No. _____) St. _____ Ward _____

2. FULL NAME

Joseph A. Neal

(a) Residence, No. _____ 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 18, 1858

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
80 3 2 13

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

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) Linn County Missouri

13. NAME James A. Neal

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Scott County Kentucky

15. MAIDEN NAME Elizabeth Russell

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Marion County Kentucky

17. INFORMANT (ADDRESS) Mrs. Roy Kirby Linneus, Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE Elmwood Cemetery DATE 7/20/1938

19. UNDERTAKER (ADDRESS) Thorne Undertaking Co. Linneus, Missouri.

20. FILED 8-8 1938 Mrs. Maud J. Webb Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7/17/1938, 1938

22. I HEREBY CERTIFY That I attended deceased from Jan, 1927, to July 17, 1938
Last saw him alive on July 17, 1938. Death is said to have occurred on the date stated above, at 11:00 a.m.
The principal cause of death and related causes of importance were as follows:

Internal abdominal hemorrhage

Date of onset 7 P.M. 7-12-38

Other contributory causes of importance: Arteriosclerosis Hypertension

Name of operation _____ Date of _____
What test confirmed diagnosis? Post-mortem 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) [Signature], M. D.

(Address) Linneus, Mo. 863

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.

53

55

6

OCCUPATION

MOTHER FATHER

87A.

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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25823
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1. PLACE OF DEATH

(a) County Linn Registration District No. 501
(b) Township Linn Primary Registration District No. 4304
(c) City Linn (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

(a) Residence, No. Joseph A. Neal 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 m 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED S (write the word)

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.
80 2 7

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)

13. NAME

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

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) 7-17 1938

22. I HEREBY CERTIFY, That I attended deceased from _____, 19__ to _____, 19__
I last saw him 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:

Internal abdominal hemorrhage - hypertensive arterial: arteriosclerosis
Other contributory causes of importance: arteriosclerosis

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ 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) J. R. Dixon, M. D.
(Address) Linn

SUPPLEMENT

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

EXACT STATEMENT OF OCCUPATION IS VERY IMPORTANT

