

1938 OCT 19

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

Do not use this space.

31956

22
29

File No.
Registered No. St. Ward)

1. PLACE OF DEATH

County *Chariton*
Township *Truitt*
City *Truitt* (No.)

Registration District No. *177*
Primary Registration District No. *5245*

2. FULL NAME

(a) Residence, No. St., Ward.
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *7* 4. COLOR OR RACE *colored* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *widowed*

5A. IF MARRIED, WIDOWED, OR DIVORCED, HUSBAND OR WIFE OF *Patrick Neal*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *July 4 1840*

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
98 2 7

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Housewife*
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) *Chariton Mo*

FATHER
13. NAME *Harry Johnson*

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

MOTHER
15. MAIDEN NAME *Martha Cox*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *unknown*

17. INFORMANT (ADDRESS) *Elyde Allen Truitt Mo*

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE *Truitt Sept 13 38*

19. UNDERTAKER (ADDRESS) *J. L. Deppard Truitt Mo*

20. FILED *12 1938* Registrar *R. P. Price*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Sept 11 1938*

22. I HEREBY CERTIFY, That I attended deceased from *Called after his death*, 19...
I last saw him on *Sept 11*, 19... Death is said to have occurred on the date stated above, at *2 a. m.*

The principal cause of death and related causes of importance were as follows:
Chronic Valvular disease of heart

Other contributory causes of importance: *None*

Name of operation Date of
What test confirmed diagnosis? 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? *No*
If so, specify. (Signed) *Robert R. Price*, M. D.
(Address) *Truitt Mo*

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 N. B.

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 10/5/38

Statement by Licenced Embalmer

I Hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me.

Signed *A. L. Shepard*

Licensed Embalmer #3970
P O Address *Mendon MO*