

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

REC'D OCT 21 1938

MISSOURI STATE BOARD OF HEALTH

Do not use this space.

BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

1. PLACE OF DEATH

County Jackson
Township Om-a-ja
City Blue Springs, Mo.

Registration District No. 395
Primary Registration District No. 233-1A

File No. 32417
Registered No. _____
St. _____ Ward _____

2. FULL NAME

Homer Harrison Neely, Jr.

(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 <u>Male</u>	4. COLOR OR RACE <u>wh</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>X</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb. 10/1897</u>		
7. AGE	YEARS	MONTHS
	<u>41</u>	<u>6</u>
		DAYS
		<u>3</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.		11. Total time (years) spent in this occupation
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		
<u>Farmer</u>		
10. Date deceased last worked at this occupation (month and year)		

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	<u>Mo.</u>
13. NAME	<u>John Neely</u>
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	<u>W. Va.</u>
15. MAIDEN NAME	<u>Myrtle Gore</u>
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	<u>Mo.</u>
17. INFORMANT (ADDRESS)	<u>John Neely Blue Springs</u>
18. BURIAL, CREMATION, OR REMOVAL	<u>Blue Springs</u> DATE <u>8-15-38</u>
19. UNDERTAKER (ADDRESS)	<u>Bedford West Blue Springs</u>
20. FILED	<u>10-1-38</u> <u>J. W. Little</u> Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-13-1938

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____
Ogleston
I last saw h. _____ alive on _____, 19____ Death is said to have occurred on the date stated above, at 7:10 p.m.
The principal cause of death and related causes of importance were as follows:
Fa. Neck
Distended left kidney
Distended spleen
Other contributory causes of importance: _____
Date of onset _____

Name of operation None Date of _____
What test confirmed diagnosis? Autopsy Was there an autopsy Yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide or homicide? Accident Date of injury 8-12-38
Where did injury occur? 330 N.W. 1st St. Blue Springs, Mo.
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Blue Springs, Mo.

Manner of injury Auto
Nature of injury In neck Distended left kidney

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify _____
(Signed) Ogleston, M. D.
(Address) Blue Springs

210m
98

MAY 9 1955

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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

32417
Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 395
 (b) Township Union Primary Registration District No. 5251A Registered No. _____
 (c) City _____ (d) Street No. _____ 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 Homer Harrison Neely

(a) Residence, No. _____ 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

3. SEX m 4. COLOR OR RACE wh 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single

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.
41 6 3

OCCUPATION 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) _____

FATHER 13. NAME _____

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

MOTHER 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) 8-13, 1938

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____ to _____, 19____

I last saw h. _____ 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:

Fractured
ruptured left kidney
During a car-accident
 Other contributory causes of importance:
over - no other car involved

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 Automobile Traumatism
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
 If so, specify _____
 (Signed) G. J. Combs
 (Address) Indep

SUPPLEMENT

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

S-32417