

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.

NOV 21 1938

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

Do not use this space.

34941

1. PLACE OF DEATH

County Jackson

Registration District No. _____

Township Kan

Primary Registration District No. _____

City Kansas City, Mo. (No. _____)

Research Hospital (No. _____)

File No. _____

Registered No. 131

2. FULL NAME

(a) Residence, No. Research Hospital St. _____ Ward. Bethany Mo.

(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 _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 12, 1938

7. AGE YEARS MONTHS DAYS If LESS than 1 day, 0 hrs. or 0 min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
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) Kansas City (STATE OR COUNTRY) Missouri

FATHER 13. NAME Eugene Dixon Neville

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

MOTHER 15. MAIDEN NAME Louise Neesie Williams

16. BIRTHPLACE (CITY OR TOWN) Lincoln (STATE OR COUNTRY) Missouri

17. INFORMANT Dolores Kildee R.D. (ADDRESS) Research Hospital

18. BURIAL, CREMATION, OR REMOVAL PLACE Research Hospital DATE 10/12 1938

19. UNDERTAKER (ADDRESS) _____

20. FILED Nov 12 38 M. M. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) October 12, 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct 12, 1938, to Oct 12, 1938

I last saw him stillborn alive on Oct 12, 1938. Death is said to have occurred on the date stated above, at 10:22 a.m.

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

Prenatalia birth Date of onset _____

Other contributory causes of importance: _____

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?

If so, specify None

(Signed) Marie S. Brown M. D.

(Address) 1200 Research Bldg

