DEC 19 1938

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

Do not use this space.

40010

File No. 316

Registered No. 668

1. PLACE OF DEATH
County Pettis
Township
City Sedalia
Registration District No. 668
Primary Registration District No. 9232
(No. 808 East 18th.St, St. Ward)

2. FULL NAME Mollie Neece

(a) Residence, No. 808 East 18th 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: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 16, 1867

7. AGE: Years 71, Months 6, Days 17, If LESS than 1 day, ...hrs. or ....min.

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) Warsaw Mo.

FATHER
13. NAME William Taylor
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

MOTHER
15. MAIDEN NAME Mary Wilson
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unkown

17. INFORMANT (ADDRESS) Erastus Neece Sedalia, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mem. Park DATE Nov. 5, 1938

19. UNDERTAKER (ADDRESS) Gillespie Funeral Home Sedalia, Mo.

20. FILED 11-7-, 1938 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 3/38, 19

22. I HEREBY CERTIFY, That I attended deceased from Feb 1, 1938, to Nov. 5, 1938
I last saw her alive on Nov. 3, 1938. Death is said to have occurred on the date stated above, at 9:30 P.m.
The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage — Date of onset Aug 3 1938

Other contributory causes of importance:
Hypertension — Date of onset Yrs
Chronic Myocarditis — Date of onset Yrs

Name of operation None Date of None
What test confirmed diagnosis? Clinic 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 None
(Signed) [signature], M. D.
(Address) Sedalia Mo.

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

100M-3-28-15

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 12/7/38