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REC'D JAN. 24 1939

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

43808
Do not use this space.

1. PLACE OF DEATH
(a) County Mississippi Registration District No. 1051
(b) Township [illegible] Primary Registration District No. 5718 Registered No.
(c) City DORENA, Mo. (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 WILLIE NEAL.
(a) Residence, No. MISSISSIPPI, CO. 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: COLORED
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) JUNE 29, 1938
7. AGE YEARS MONTHS 5 DAYS 5 If LESS than 1 day, ...hrs. or ....min.

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) MISSISSIPPI, Co.

FATHER
13. NAME HERMAN NEAL.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) CROCKET, Co. / TENN.

MOTHER
15. MAIDEN NAME EMMA SUE BLACKWEL
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) RIPLEY, Co. / TENN.

17. INFORMANT (ADDRESS) Herman Neal Dorena, Mo.
18. BURIAL, CREMATION, OR REMOVAL PLACE Grays, Cemetery DATE 12/5/38 1938
19. FUNERAL DIRECTOR (NAME) (ADDRESS) Irvin N. Shelby East Prairie, Mo.
20. FILED ....., 19.... Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12/5, 1938
22. I HEREBY CERTIFY, That I attended deceased from Ided, 19...., to ....., 19.... Last saw h... alive on ....., 19.... Death is said to have occurred on the date stated above, at 49 m.
The principal cause of death and related causes of importance were as follows:
Pneumonia attended from Influenza [illegible] but [illegible] died
Date of onset
Other contributory causes of importance: Bronchial Pneumonia
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) George W. Whitaker M. D.
(Address) East Prairie Mo

(Licensed Embalmer's Statement on Reverse Side)

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.

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STATEMENT BY LICENSED EMBALMER

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

....., or by .....,

Registered Apprentice No....., working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.

FILL IN ANSWERS TO ALL SPACES CHECKED IN RED PENCIL.

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

43808
Do not use this space.

1. PLACE OF DEATH
(a) County Mississippi Registration District No. 1051
(b) Township James Bayou Primary Registration District No. 5768 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 Willie Neal
(a) Residence, No. Mississippi Co 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: Col
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 29 1938
7. AGE: YEARS | MONTHS: 5 | DAYS: 5 | If LESS than 1 day, ...hrs. or ....min.

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) Mississippi Mo

FATHER
13. NAME Herman Neal
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Crocket Co Tenn

MOTHER
15. MAIDEN NAME Emma Sue Blackwell
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ripley Co Tenn

17. INFORMANT (ADDRESS) Herman Neal Dorena - Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Grays Cem DATE 12-5- 1938

19. FUNERAL DIRECTOR (ADDRESS) Graves & Shelby East Prairie Mo

20. FILED 3-1- 1939 Mrs Dallas Rogers Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12/5- 1938

22. I HEREBY CERTIFY, That I attended deceased from Did not attend, but presume to be died from Influenza - statement from family
I last saw 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:

	Date of onset
Influenza	
Other contributory causes of importance: Bronchial Pneumonia	

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) Geo. W. Whitaker, M. D.
(Address) East Prairie Mo

SUPPLEMENTED

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

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.

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

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