

REC'D JAN 13 1939

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

1569

Do not use this space.

1. PLACE OF DEATH

(a) County Boone Registration District No. 73
(b) Township Columbia Primary Registration District No. 3006 Registered No. 3
(c) City Columbia (d) Street No. 614 Colley Ave Columbia 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 ALFRED FRANN NEATE

(a) Residence, No. 614 Colley Ave 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 MALE 4. COLOR OR RACE Whites 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) MARRIED

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF FRANCIS BUCKNER NEATE

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 2-25-1874

7. AGE YEARS 64 MONTHS 10 DAYS 11 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired
9. Industry or business in which work was done, as saw mill, bank, etc. MERCHANT
10. Date deceased last worked at this occupation (month and year)..... 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) BATH 13
(STATE OR COUNTRY) ENGLAND

FATHER 13. NAME HENRY NEATE 14

14. BIRTHPLACE (CITY OR TOWN) ENGLAND 15
(STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME LOUISA DAVIES

16. BIRTHPLACE (CITY OR TOWN) ENGLAND
(STATE OR COUNTRY)

17. INFORMANT MRS. A. F. NEATE
(ADDRESS) Columbia MO

18. BURIAL, CREMATION, OR REMOVAL PLACE Paris Mo. DATE 1-7 39
19

19. FUNERAL DIRECTOR PARKER GURN. Co
(ADDRESS) Columbia MO

20. FILED 1/6 1939 Allie Selby
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 5 1939

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 4:30 P.M.
The principal cause of death and related causes of importance were as follows:

Self inflicted gun shot wound in the head from 22
Rifles. Date of onset

Other contributory causes of importance: 169

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? Suicide Date of injury 1-5-1939

Where did injury occur? Columbia, Mo.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury In Home
Gunshot wound - self inflicted

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.....

If so, specify.....

(Signed) M. P. Jackson M. B.
74 (Address) 22 N 9th St

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.

STATEMENT BY LICENSED EMBALMER

I, Tom M^c Harg Jr., Licensed Embalmer No. 4067

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E.

No. 4067 or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed Tom M^c Harg Jr.
Licensed Embalmer No. 4067

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.)