

REC'D FEB 11 1939

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

Do not use this space.

1863

1. PLACE OF DEATH

County Cape Girardeau  
Township " " " "  
City Cape Girardeau (No. 1319 Broadway)

Registration District No. 125  
Primary Registration District No. 3009

File No. \_\_\_\_\_  
Registered No. 24  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

Lucius L. Mc Neely

(a) Residence, No. 1319 Broadway St., \_\_\_\_\_ Ward, \_\_\_\_\_ (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>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug 25-1856</u>		
7. AGE YEARS <u>82</u>	MONTHS <u>4</u>	DAYS <u>20</u>
		IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Custodian</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Presbyterian Church</u>	
	10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____	

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 14 1939

22. I HEREBY CERTIFY, That I attended deceased from for several years, 19\_\_\_\_, to Jan 14 1939

I last saw him alive on Jan 10 1939 Death is said to have occurred on the date stated above, at 8 A. m.

The principal cause of death and related causes of importance were as follows:  
Endocarditis, Arterial Sclerosis Date of onset Several years

Other contributory causes of importance:  
Arterial Sclerosis

Name of operation none Date of \_\_\_\_\_  
What test confirmed diagnosis Physical Clinical Was there an autopsy no

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? no Date of injury \_\_\_\_\_, 19\_\_\_\_  
Where did injury occur? none (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury none  
Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_  
If so, specify \_\_\_\_\_  
(Signed) D. J. Hays M. D.  
(Address) Cape Girardeau, Mo.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mooresville N. C.

MOTHER FATHER

13. NAME Albert Mc Neely

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) N. C.

15. MAIDEN NAME Mary Ann Luckey

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Brashear Mo.

17. INFORMANT Lela Mc Neely  
(ADDRESS) Cape Girardeau Mo.

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Jackson farm DATE Jan 18 1939

19. UNDERTAKER Walters Und. Co.  
(ADDRESS) Cape Girardeau Mo.

20. FILED 1-14 1939 Jim. Thompson Registrar.

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.

