

1939 APR 7 1939

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
2  
CERTIFICATE OF DEATH

Do not use this space.

10745

1. PLACE OF DEATH  
County Franklin Registration District No. 295  
Township Boone Primary Registration District No. 5415A  
City (No. \_\_\_\_\_) \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
Registered No. \_\_\_\_\_

2. FULL NAME Dora Nevills  
(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode) (If nonresident, give city or town and State)  
Length of residence in city or town where death occurred life mos. \_\_\_\_\_ ds. \_\_\_\_\_ How long in U. S., if of foreign birth? yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. \_\_\_\_\_

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX FEMALE 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 15, 1873

22. I HEREBY CERTIFY That I attended deceased from Mar. 12, 1939, to Mar 14, 1939

7. AGE YEARS 65 MONTHS 7 DAYS 28 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

I last saw him alive on Mar 12, 1939. Death is said to have occurred on the date stated above, at 2 P.m.

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

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 \_\_\_\_\_

Date of onset

Myocarditis  
9281

Other contributory causes of importance hypertension & Plur.

12. BIRTHPLACE (CITY OR TOWN) Franklin Co. (STATE OR COUNTRY) Missouri

Name of operation none Date of \_\_\_\_\_

13. NAME Jim Bay

What test confirmed diagnosis physical Was there an autopsy? \_\_\_\_\_

14. BIRTHPLACE (CITY OR TOWN) Franklin Co. (STATE OR COUNTRY) Missouri

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19 \_\_\_\_\_

15. MAIDEN NAME Mary Cole

Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place. \_\_\_\_\_

16. BIRTHPLACE (CITY OR TOWN) Franklin Co. (STATE OR COUNTRY) Missouri

Manner of injury \_\_\_\_\_

17. INFORMANT Ed. Nevills (ADDRESS) St. Clair Mo.

Nature of injury \_\_\_\_\_

18. BURIAL, CREMATION, OR REMOVAL PLACE Prospers Cemetery DATE March 18, 1939

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_ If so, specify \_\_\_\_\_

19. UNDERTAKER Wm. Casper & Co. (ADDRESS) St. Clair Missouri

(Signed) R. P. Royal, M. D. (Address) Sullivan Mo.

20. FILED Mar. 16, 1939 Edgar D. Ballant Registrar.

WRITE 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.

1000



FILL IN ANSWERS TO ALL SPACES  
CHECKED IN RED PENCIL.

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

10745

Do not use this space.

1. PLACE OF DEATH

(a) County Franklin Registration District No. 295 1104  
 (b) Township Boone Primary Registration District No. 5415A  
 (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.

Registered No. 21

2. PRINT FULL NAME Dora Neville

(a) Residence, No. \_\_\_\_\_ 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

MEDICAL CERTIFICATE OF DEATH

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF J. E. C. Neville

22. I HEREBY CERTIFY, That I attended deceased from Mar 12 1939 to Mar 14 1939

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 15 - 1873

I last saw her alive on Mar 14 1939 Death is said to have occurred on the date stated above, at 3 P. m.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
65 7 27

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

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife  
 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 \_\_\_\_\_

Myocarditis

Date of onset

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Franklin Co. Mo.

Other contributory causes of importance: Sagrippe or Flu

FATHER 13. NAME Jim Bay

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Franklin Co. Mo.

MOTHER 15. MAIDEN NAME Mary Cole

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Franklin Co. Mo.

17. INFORMANT (ADDRESS) Ed Neville  
Dr. Clair Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Prospect Cem. DATE Mar 18 1939

19. FUNERAL DIRECTOR (ADDRESS) Wm. C. Cuyler Co.  
Dr. Clair Mo.

20. FILED 1-15 1940 Chas. O. R. King  
Local Registrar.

Name of operation none Date of \_\_\_\_\_  
 What test confirmed diagnosis physical 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 \_\_\_\_\_  
 (Signed) R. P. Royce, M. D.  
 (Address) Sullivan, Mo.

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY I. CAUSE OF DEATH IN plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

