

RECD APR 7 1939

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

Do not use this space.

1. PLACE OF DEATH

County St. Francois Registration District No. 771
Township Bismarck Primary Registration District No. 4462
City Bismarck No. St. Ward

File No. 12125
Registered No.

2. FULL NAME

(a) Residence, No. Effie Garrett Neely 806 W. Miller St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 14 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED, HUSBAND OF (OR) WIFE OF <u>Arthur Neely</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec. 5 1882</u>		
7. AGE	YEARS <u>56</u>	MONTHS <u>2</u>
	DAYS <u>23</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>Shoe worker</u>	11. Total time (years) spent in this occupation
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Shoe factory</u>	
	10. Date deceased last worked at this occupation (month and year)	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Belgrade Mo.</u>		
FATHER	13. NAME <u>Wm. Garrett</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Belgrade Mo.</u>	
MOTHER	15. MAIDEN NAME <u>Margaret Johnson</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Willbros Mo.</u>	
17. INFORMANT (ADDRESS) <u>Allen D. Miller</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Bismarck Mo. Feb. 2 1939</u>		
19. UNDERTAKER (ADDRESS) <u>Ed. J. Galbreath</u>		
20. FILED <u>3-1-</u> 19 <u>39</u> <u>J. H. Galbreath</u> Registrar.		

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 28 1939

22. I HEREBY CERTIFY, That I attended deceased from 2-26, 1939, to 2-28, 1939. I last saw hm alive on 2-28, 1939. Death is said to have occurred on the date stated above, at 9:30 a.m. The principal cause of death and related causes of importance were as follows:

Pneumonia (lobular)

Other contributory causes of importance: Influenza

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) Jas. W. Hoffmann, M. D.
(Address) Bismarck

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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