

REC'D MAY 11 1939

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

14310
Do not use this space.

1. PLACE OF DEATH
- (a) County Buchanan Registration District No. 85
- (b) Township Washington Primary Registration District No. 1001
- (c) City St. Joseph (d) Street No. 205 W. Nebraska Registered No. 433
- (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 James Abram Neal
- (a) Residence, No. 205 W. Nebraska St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male	4. COLOR OR RACE Colored	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Eula Neal		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 2, 1891		
7. AGE YEARS 48	MONTHS 3	DAYS 20
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Waiter		11. Total time (years) spent in this occupation
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)		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Independence Missouri		
13. NAME James Neal		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky.		
15. MAIDEN NAME Susie Morton		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia		
17. INFORMANT Eula Neal (ADDRESS) 205 W. Nebraska, Ave.		
18. BURIAL, CREMATION, OR REMOVAL PLACE Ashland Cemetery DATE April 26, 1939		
19. FUNERAL DIRECTOR Graves Funeral Home. (ADDRESS) 806 S. 17th. St.		
20. FILED Apr 26, 1939 H. J. Nestlebusch Local Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **April 22, 1939**

22. I HEREBY CERTIFY, That I attended deceased, from April 19, 1939 to April 22, 1939, 1939.
I last saw him alive on April 21, 1939. Death is said to have occurred on the date stated above, at 6:30 m.
The principal cause of death and related causes of importance were as follows:
Myocardial Insufficiency
Heart Disease
Diabetes

Other contributory causes of importance:
None

Name of operation None Date of 20

What test confirmed diagnosis? Clinical Was there an autopsy? No

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) Fenton W. Henderson M. D.
(Address) 216 W. W. 7th. Ave
St. Joseph Mo.

(Licensed Embalmer's Statement on Reverse Side)

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.

3024-250-57
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STATEMENT BY LICENSED EMBALMER

I, A. T. Moore, Licensed Embalmer No. 948

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

L. E.

No. 948 or by Registered Apprentice No.

working under my personal supervision.

Signed A. T. Moore

Licensed Embalmer No. 948

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.)