

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

Do not use this space.

JUL 14 1939

22030

1. PLACE OF DEATH

County Dunklin
 Township Independence
 City 254 Stillborn (No.)

Registration District No. 288
 Primary Registration District No. 5406

File No.
 Registered No.
 St. Ward)

2. FULL NAME

Edward Earl McNeley

(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 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 27, 1939

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
0 0 0 0

OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
 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 0

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kennett, R. F. D. 2, MO

FATHER
 13. NAME Edward Alvin McNeley

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dunklin, MO

MOTHER
 15. MAIDEN NAME Donzella G. Probausch

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dunklin CO. MO

17. INFORMANT (ADDRESS) Edward Alvin McNeley, Kennett, MO R. 2

18. BURIAL, CREMATION, OR REMOVAL PLACE Gregory DATE 6-27 1939

19. UNDERTAKER (ADDRESS) Family, Kennett

20. FILED 627 1939 Whitcomb Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 27, 1939

22. I HEREBY CERTIFY That I attended deceased from June 27, 1939 to June 27, 1939
 Last saw him alive on June 27, 1939. Death is said to have occurred on the date stated above, at m.
 The principal cause of death and related causes of importance were as follows:

Stillborn Date of onset

Other contributory causes of importance:

Name of operation none Date of
 What test confirmed diagnosis? none 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? (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) Paul Baldwin M. D.
261 (Address) Kennett MO

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.

RECEIVED

District Health Officer No. 3,

District File Number 739-437

Date Filed 7/10/29