

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

39183
Do not use this space.

1. PLACE OF DEATH **DEC 13 1939** **3**
 (a) County Calloway Registration District No. 104
 (b) Township Tullon Primary Registration District No. 3008 Registered No. 314
 (c) City Tullon (d) Street No. State Hosp. #1 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 1 yrs. 1 mo. 25 ds. (f) How long in U. S., if of foreign birth? yrs. mo. da.

2. PRINT FULL NAME Henry Neal
 (a) Residence, No. Troy, Mo. 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

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 2, 1857

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<u>82</u>	<u>82</u>	<u>8</u>	<u>25</u>	

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. _____

9. Industry or business in which work was done, as saw mill, bank, etc. Farmer

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lincoln County, Mo.

FATHER

13. NAME David Neal

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

MOTHER

15. MAIDEN NAME Mary Backaby

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

17. INFORMANT (ADDRESS) State Hosp #1 Tullon Mo

18. PLACE OF BIRTH, OR REMOVAL PLACE Winfield, Mo. DATE Nov. 28, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Reicks Funeral Home Winfield, Mo.

20. FILED Nov. 27, 1939 P. N. Crews Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-27-1939

22. I HEREBY CERTIFY, That I attended deceased from Oct 25th 1939 to Nov 27, 1939
 I last saw him alive on Nov 27, 1939. Death is said to have occurred on the date stated above, at 10:00 A.M.
 The principal cause of death and related causes of importance were as follows:
Pneumonia
Genile Psychosis
Malnutrition
Debility

Date of onset 11-26-39

Other contributory causes of importance: _____

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ 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) Mr. J. W. Wood, M. D.
 (Address) State Hosp #1 Tullon 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.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Garlan Ricks

Licensed Embalmer No.....

4012

P. O. Address.....

Winfield, Mo

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.)

If this body is not embalmed, above space should be left blank.