

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

Do not use this space.

44384

1. PLACE OF DEATH

County St. Louis Registration District No. 718
 Township Jackson Primary Registration District No. 5-949
 City _____ (No. _____) St. _____ Ward _____

2. FULL NAME James Arthur Neighbors

(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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 19 - 1886

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
52 11 26

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

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 _____

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

13. NAME Samuel Neighbors

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

15. MAIDEN NAME Aliee Forbes

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

17. INFORMANT (ADDRESS) Lilly B. Neighbors

18. BURIAL, CREMATION, OR REMOVAL PLACE The Grave DATE Dec 17 1939

19. UNDERTAKER (ADDRESS) F. O. Hagedorn

20. FILED Dec 18 1939 H. W. Sullivan Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 15 1939

22. I HEREBY CERTIFY, That I attended deceased from Oct 7 1939 to Nov 25 1939
 I last saw him alive on Nov 25 1939 Death is said to have occurred on the date stated above, at 8:05 A.

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

Myocarditis with decompensation Date of onset NR

Other contributory causes of importance: 92C

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) E. H. Magee M. D.

(Address) Unionville, 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. 10

District File Number 1-40-129

Date Filed JAN 10 1940