FILED FEB 5 1940

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

1572
Do not use this space.

1. PLACE OF DEATH
(a) County Barry Registration District No. 35
(b) Township Pleasant Ridge Primary Registration District No. 5043 Registered No.
(c) City (d) Street No. R. F. D. Monett, Mo. 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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Norma Bernadine Neill
(a) Residence, No. R. F. D. Monett, Barry County St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
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): Feb. 25, 1930
7. AGE: Years 9 Months 10 Days 16 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Invalid
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):
11. Total time (years) spent in this occupation: Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Pleasant Ridge Tp. Barry County Missouri

FATHER
13. NAME: Chester L. Neill
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Stone County Missouri

MOTHER
15. MAIDEN NAME: Juanita Dodson
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Barry County Missouri

17. INFORMANT: Chester L. Neill
(ADDRESS) R. F. D. Monett, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Crane, Mo. DATE Jan. 11, 1940

19. FUNERAL DIRECTOR (NAME) Koon Funeral Home
(ADDRESS) Cassville, Mo.

20. FILED 1/11, 1940 Mrs. J. E. Bennell Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 10, 1940

22. I HEREBY CERTIFY That I attended deceased from Dec 31, 1939, to Jan 10, 1940
I last saw her alive on, 19 Death is said to have occurred on the date stated above, at 3:40 A.m.
The principal cause of death and related causes of importance were as follows:

Bronchial Pneumonia — Date of onset 12-31-39

Other contributory causes of importance:
Influenza
Cerebro Spinal Paralysis (Broth Infancy)

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?
If so, specify
(Signed) J. D. Baldwin M. D.
(Address) Purdy, Mo.

Licensed Embalmer's Statement on Reverse Side)

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. 6,
District File Number 240-281
Date Filed FEB 2 1940

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, Rufus J. Miller, or by

Registered Apprentice No. ....., working under my personal supervision.

Signed Rufus J. Miller

Licensed Embalmer No. 3794

P. O. Address Caseville, 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.