

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

Do not use this space.

FILED MAR 25 1941

8437

1. PLACE OF DEATH

County DeKalb  
Township upton

Registration District No. 1088  
Primary Registration District No. 6148

File No. 107  
Registered No. 107  
St. 1 Ward 1

2. FULL NAME

(a) Residence, No. Success Ward Rural  
(Usual place of abode)

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) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 3, 1847

7. AGE 93 YEARS 6 MONTHS 20 DAYS If LESS than 1 day, hrs. or min.

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) Knox Co. Tenn.

13. NAME Milton Neal

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

15. MAIDEN NAME Sylvania Turner

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

17. INFORMANT (ADDRESS) Chas Neal

18. BURIAL, CREMATION, OR REMOVAL PLACE Liberty DATE 2-23-1941

19. UNDERTAKER (ADDRESS) Gaylord Elliott

20. FILED 2-23 1941 Mrs. R. E. Hart Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 22<sup>nd</sup>, 1941

22. I HEREBY CERTIFY, That I attended deceased from 6-20- 1934, to Feb 22- 1941

I last saw him alive at time of death Feb 19 1941 Death is said to have occurred on the date stated above, at 6 P.M.

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

Chronic Interstitial Nephritis  
Pneumonia and finally  
Pneumo-Pneumonia

Other contributory causes of importance:

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? No  
If so, specify Robert B. Tilley, M. D.

(Signed) Robert B. Tilley, M. D.  
(Address) Plato, Mo.

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.

RECEIVED

District No. 12 West 12th St.

District File Number 34/35-5

Date Filed \_\_\_\_\_