

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

Do not use this space.

26357

**1. PLACE OF DEATH**

County Barry Registration District No. 29  
 Township Clinton Primary Registration District No. 5745  
 City (No. Star Route) St. Star Ward Route

File No. \_\_\_\_\_  
 Registered No. \_\_\_\_\_

**2. FULL NAME**

Eva Grace Neill

(a) Residence. No. Star Route 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 Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Infant

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb 13 - 1928

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
0 6 0

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work Infant  
 (b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_  
 (c) Name of employer \_\_\_\_\_

9. BIRTHPLACE (CITY OR TOWN) Clinton  
 (STATE OR COUNTRY) Barry County

10. NAME OF FATHER Sherman C. Neill

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Barry Co  
 (STATE OR COUNTRY) Clinton

12. MAIDEN NAME OF MOTHER Virgie Doty

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Barry Co  
 (STATE OR COUNTRY) Clinton

14. INFORMANT G. H. Thomas  
 (Address) Clinton

15. FILED \_\_\_\_\_ 19 \_\_\_\_\_ REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 13 1928

17. I HEREBY CERTIFY That I attended deceased from Aug 12 1928, to Aug 13 1928, that I last saw him alive on Aug 12 1928, and that death occurred, on the date stated above, at 6 A.M.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Acute respiratory  
130/60 (duration) 4 yrs. 4 mos. 7 ds.

CONTRIBUTORY (SECONDARY) \_\_\_\_\_ (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH: \_\_\_\_\_

DID AN OPERATION PRECEDE DEATH? No DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Sub diagnosis  
 (Signed) G. H. Thomas, M. D.  
 , 19 (Address) Clinton Mo.

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Ohio Cemetery DATE OF BURIAL Aug 13 1928

20. UNDERTAKER King Funeral Home ADDRESS Clinton

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.

1720

... of information is to be carefully supplied. ADR should be stated EXACTLY. PHYSICAL STATE ...  
... it may be properly classified. Exact statement of OCCURRENCE ...

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

ALL INFORMATION CALLED  
FOR MUST BE WRITTEN ON  
THIS SUPPLEMENTARY.

1. PLACE OF DEATH.  
 County Barry Registration District No. 29 File No. \_\_\_\_\_  
 Township Jenkins Primary Registration District No. 5-048 Registered No. 37  
 City \_\_\_\_\_ (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Eva Grace Neill  
 (a) Residence, No. Star Route 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 F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED S  
 (bride the word)

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb 13, 1928

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. of min.  
6 0 0 0 0 0

8. OCCUPATION OF DECEASED  
 (a) Trade, profession, or particular kind of work Infant  
 (b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_  
 (c) Name of employer \_\_\_\_\_

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 13 1928

17. I HEREBY CERTIFY That I attended deceased from Aug 12 to Aug 13 1928  
 that I last saw her alive on Aug 12, 1928, and that death occurred, on the date stated above, at \_\_\_\_\_ m.  
 THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
acute Dysentery  
 (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. 7 ds.  
 CONTRIBUTORY (SECONDARY) \_\_\_\_\_ (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

18. WHERE WAS DISEASE CONTRACTED \_\_\_\_\_  
 IF NOT AT PLACE OF DEATH: \_\_\_\_\_  
 DID AN OPERATION PRECEDE DEATH? no DATE OF \_\_\_\_\_  
 WAS THERE AN AUTOPSY? no  
 WHAT TEST CONFIRMED DIAGNOSIS? Gen'l diagnosis  
 (Signed) F. S. Stevenson, M. D.  
 , 19 (Address) Aurora mo

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Elis Cemetery DATE OF BURIAL Aug 13 1928  
 20. UNDERTAKER King Funeral Home ADDRESS Aurora mo

9. BIRTHPLACE (CITY OR TOWN) Jenkins (STATE OR COUNTRY) Barry

10. NAME OF FATHER Sherman Neill

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Berry Co (STATE OR COUNTRY) Jenkins

12. MAIDEN NAME OF MOTHER Legie Doty

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Berry Co (STATE OR COUNTRY) Jenkins

14. INFORMANT G. J. Thomas (Address) Jenkins

15. FILED Dec 1 1928 Wm. N. R. Williams REGISTRAR

REGISTRATION OF INFORMATION SHOULD BE MADE BY PHYSICIANS SHOULD STATE OCCUPATION IS VERY IMPORTANT. REGISTRATION OF INFORMATION SHOULD BE MADE BY PHYSICIANS SHOULD STATE OCCUPATION IS VERY IMPORTANT. REGISTRATION OF INFORMATION SHOULD BE MADE BY PHYSICIANS SHOULD STATE OCCUPATION IS VERY IMPORTANT.

SUPPLEMENTARY

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