

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

Do not use this space.

17841

UN 25 1929

1. PLACE OF DEATH

County Greene Registration District No. 318

Township Springfield Primary Registration District No. 2001

City Springfield (No. 2005 N. Grant St.)

File No. _____

Registered No. 409

St. _____ Ward _____

2. FULL NAME

(a) Residence. No. 2005 N. Grant 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

7. MEDICAL CERTIFICATE OF DEATH

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

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 25, 1929

5A. IF MARRIED, WIDOWED OR DIVORCED HUSBAND OF (OR) WIFE OF Martha J. McNeil

I HEREBY CERTIFY That I attended deceased from 5-18, 1929, to 5-24, 1929 that I last saw him alive on 5-24, 1929, and that death occurred, on the date stated above, at 3:30 a.m.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 2-1852

THE CAUSE OF DEATH WAS AS FOLLOWS:

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
76 | 9 | 23

Pneumonia
162 BronchoPneumonia
(duration) yrs. mos. da. 7

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

CONTRIBUTORY (SECONDARY) Senility
(duration) yrs. mos. da. 6

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) North Carolina

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH 101A

10. NAME OF FATHER Joel McNeil

DID AN OPERATION PRECEDE DEATH? _____
WAS THERE AN AUTOPSY? _____

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) North Carolina

WHAT TEST CONFIRMED DIAGNOSIS? _____
(Signed) C. S. Feller M. D.

12. MAIDEN NAME OF MOTHER Nancy Ball

5-25, 1929 (Address) Springfield Mo

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) North Carolina

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

14. INFORMANT (Address) Jno. J. McNeil, Springfield, Mo.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Walnut Grove Mo. DATE OF BURIAL May 26, 1929

15. FILED 5-25-29 John Sharp REGISTRAR

20. UNDERTAKER J. W. Klingner, 642 E. Paul St., Springfield, 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.

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