NOV 21 1930

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

Do not use this space.

1. PLACE OF DEATH

County Buchanan. Registration District No. 85 File No. 32166

Township Primary Registration District No. 1001 Registered No. 1147

City St. Joseph Mo. (No. St. Joseph Hospital St. Ward)

2. FULL NAME David Morton Neylon

(a) Residence. No. 1609 Main Street St., Ward. (If nonresident, give city or town and State)
(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): Infant-Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): October 17, 1930

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
0	0	3	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN): St. Joseph
(STATE OR COUNTRY): Missouri

PARENTS

10. NAME OF FATHER: Thomas R Neylon

11. BIRTHPLACE OF FATHER (CITY OR TOWN): St. Joseph
(STATE OR COUNTRY): Missouri

12. MAIDEN NAME OF MOTHER: Nellie J. Rutter

13. BIRTHPLACE OF MOTHER (CITY OR TOWN): St. Joseph
(STATE OR COUNTRY): Missouri

14. INFORMANT: T. R. Neylon
(Address) 1609 Main St.-St. Joseph Mo.

15. FILED 19 John G. Utz REGISTRAR
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MEDICAL CERTIFICATE OF DEATH

2

16. DATE OF DEATH (MONTH, DAY AND YEAR): October 20 1930

17. I HEREBY CERTIFY, That I attended deceased from Oct 17, 1930, to Oct 19, 1930, that I last saw him alive on Oct 20, 1930, and that death occurred, on the date stated above, at 1/45 A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cong. hemorrhage of brain -
Mar 13
1930
(duration) yrs. mos. 3 ds.

CONTRIBUTORY (SECONDARY): Feet presentation
(duration) yrs. mos. 3 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? Clin & Lab

(Signed) Frank Hartigan, M. D.

Oct. 20, 1930 (Address) Kent Pioneer Bldg

*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: Mt. Olivet Cemetery

DATE OF BURIAL: Oct. 21 1930

20. UNDERTAKER: H. O. Sidenfaden

ADDRESS: 1802 Union St.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.