

MAR 25 1931

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

6120

1. PLACE OF DEATH

County LACLEDE
Township OSAGE
City (No.)

Registration District No. 4299
Primary Registration District No. 618

File No.
Registered No. 1-635
St. Ward

2. FULL NAME MARTIN NEATHERY

(a) Residence. No. 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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Apr 3. 1863

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
67 10 23

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Farmer 1
(b) General nature of industry, business, or establishment in which employed (or employer).....
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill. ?

10. NAME OF FATHER Not known
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Not known Ill.
12. MAIDEN NAME OF MOTHER Not known
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Not known

14. INFORMANT Marvin Neathery (Address) Lebanon Mo.

15. FILED 2/27 1931 J. M. Bellamy REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb. 26 1931

17. I HEREBY CERTIFY, That I attended deceased from 2/24/31, 19... to 2/26/31, 19... that I last saw h. live alive on 2/25/31, 19... and that death occurred, on the date stated above, at 4. A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Acute Lobar Pneumonia

108 (duration) yrs. mos. 5 ds.
CONTRIBUTORY (SECONDARY) 108 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

0 DID AN OPERATION PRECEDE DEATH? No DATE OF (D)
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS (S) (S)
(Signed) J. M. Carsh M. D.
2/27 1931 (Address) Lebanon 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 Lebanon Mo. DATE OF BURIAL 2-28 1931

20. UNDERTAKER Palmor ADDRESS Lebanon

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.

