

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

Do not use this space.

29931

1. PLACE OF DEATH

74 County Wolaway
Township Hughes
City _____ (No. _____)

Registration District No. 622
Primary Registration District No. 5824

File No. _____
Registered No. 10 St. _____ Ward _____

2. FULL NAME

Oliver McNeal

(a) Residence, No. _____ St. _____ Ward _____
(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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF alice G. McNeal

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 5-14-1852

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
80 3 22

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) Huntington Co. 2

13. NAME James G. McNeal

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland 15

15. MAIDEN NAME Margaret Shoop

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Scotland 8

17. INFORMANT (ADDRESS) Oliver McNeal Jr.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Ch. 007, Burien DATE Sept 7 1932

19. UNDERTAKER (ADDRESS) Campbell Funeral Home By W. Campbell

20. FILED Sept 6 1932 Mrs E. L. Morgan Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 5 1932

I HEREBY CERTIFY That I attended deceased from June 27 1932 to Sept. 5 1932

I last saw him alive on Sept 5 1932. Death is said to have occurred on the date stated above, at 8:40 p.m.

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

Uremia - about June 1932
Hypertrophied Prostate - unknown

Name of operation none Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? NO

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 1932

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 _____ (Signed) E. M. Finley, M. D.

(Address) Galien, 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.

OCI 88 1932

