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.

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

Do not use this space.

5903

857

1. PLACE OF DEATH

48 County Jackson — Registration District No. — File No.

10 Township Kaw — Primary Registration District No. — Registered No.

9 City Kan City (No. 204 - West 70th Terrace St. Ward)

2. FULL NAME Charles Edwin Neal

(a) Residence, No. 204 - West 70th Terrace 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): Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Dec 6 - 1852

7. AGE: YEARS 80 — MONTHS 2 — DAYS 14 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Farmer
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): Ohio

FATHER

13. NAME: John Neal
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Maryland

MOTHER

15. MAIDEN NAME: Jane Wilson
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Maryland

17. INFORMANT (ADDRESS): J. Roy Neal, 204 West 70 Terrace

18. BURIAL, CREMATION, OR REMOVAL — PLACE: Forest Hill DATE: Feb 22, 1933

19. UNDERTAKER (ADDRESS): Bergman Funeral Home, 4 East Armour

20. FILED 2-21, 1933 M. M. Crowe, Asst. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Feb 20, 1933

22. I HEREBY CERTIFY, That I attended deceased from Feb 2, 1933 to Feb 20, 1933.
I last saw him alive on Feb 19, 1933. Death is said to have occurred on the date stated above, at 5:50 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia (Hypostatic)	
Following fractured hip	

Other contributory causes of importance: Advanced Arteriosclerosis

Name of operation: none — Date of
What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Acc. — Date of injury 2/2, 1933
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: Acc. fall
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) E. P. Monahan, M. D.
(Address) 311 Argyle, KC Mo

E.P.
Dr Monahan Argyle Bldg
Vic 7825
Ro-4034-L02430

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.

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW.

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 ..... Registration District No. 399 File No. 857

Township ..... Primary Registration District No. 1002 Registered No. .....

City Kansas City (No. ....., ... St. ..... Ward)

2. FULL NAME Charles Edwin Neal

(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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
M	W	W

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

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

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

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....

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) .....

FATHER

13. NAME .....

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

MOTHER

15. MAIDEN NAME .....

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

17. INFORMANT (ADDRESS) .....

18. BURIAL, CREMATION, OR REMOVAL

PLACE ..... DATE ....., 19....

19. UNDERTAKER (ADDRESS) .....

20. FILED 2/21 19 33 M. M. Crowe Asst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 20, 1933

22. I HEREBY CERTIFY, That I attended deceased from ....., 19...., to ....., 19....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at ..... m.

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

	Date of onset
hypostatic pneumonia	
following fractured hip - by falling down the basement stairs - see below	

Other contributory causes of importance:

advanced arteriosclerosis

1860

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

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 accidental fall - from

Nature of injury the last 3 steps of the basement stairs hip hitting the cement floor - E.T.M.

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) E. T. Monahan M. D.

(Address) 311 Argyle Bldg Kansas

SUPPLEMENTARY

S-5903