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.

AUG 28 1933

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

Do not use this space.

22633

1. PLACE OF DEATH
County Clay — Registration District No. 201 — File No. 65
Township Liberty — Primary Registration District No. 5280 — Registered No.
City ..... (No. ..... St. ..... Ward)

2. FULL NAME James S. Neil
(a) Residence, No. I.O.O.F. Home St., ..... Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 5 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~~: unknown
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): May 7 - 1850
7. AGE: YEARS 83 — MONTHS 1 — DAYS 25 — If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Inmate
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. I.O.O.F. Home
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): Mo.

FATHER
13. NAME: Wm Neil
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ireland

MOTHER
15. MAIDEN NAME: Rachael Dunn
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ireland

17. INFORMANT (ADDRESS): Paul R. Rogers, Liberty Mo.
18. BURIAL, CREMATION, OR REMOVAL: Gorin Mo.
PLACE Gorin Mo. DATE 7/5 1933
19. UNDERTAKER (ADDRESS): Church - Archer Co. Liberty Mo.
20. FILED 7/3 1933 E T Brant Deputy Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): July 2, 1933
22. I HEREBY CERTIFY, That I attended deceased from April 2, 1933, to July 2, 1933
I last saw him alive on July 1, 1933. Death is said to have occurred on the date stated above, at 5 a.m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Senility | |
| 162 | 162 |

Other contributory causes of importance:

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 .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....
(Signed) J H Matthews, M. D.
(Address) Liberty Mo.