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

OCT 22 1935

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

Do not use this space.

29635

1. PLACE OF DEATH

County Jackson — Registration District No. 399 — File No.

Township ~~Kaw~~ — Primary Registration District No. [illegible] — Registered No. [illegible]

City Kansas City, Mo. (No. 440 S. Colorado St. Ward)

2. FULL NAME Charles William Neal

(a) Residence, No. 440 S. Colorado 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: 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: Married

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Aug. 20, 1851

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
84	0	28	

OCCUPATION

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

FATHER

13. NAME: George W. Neal
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ky

MOTHER

15. MAIDEN NAME: Mahaley Ross
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

17. INFORMANT (ADDRESS): Mrs. Anna Neal, 440 S. Colorado

18. BURIAL, CREMATION, OR REMOVAL
PLACE Memorial Park DATE Sept. 30- 1935

19. UNDERTAKER (ADDRESS): C.H. Blackman & Son, Inc. 2825 Indep. Blvd. K.C. Mo.

20. FILED Sept 20, 1935 M. M. Crowe, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Sept. 18-35 19

22. I HEREBY CERTIFY, That I attended deceased from Sept 12, 1935, to Sept 18, 1935

I last saw him alive on Sept 18, 1935. Death is said to have occurred on the date stated above, at 12:45 m. PM

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

	Date of onset
Uremia	Sept 17
131	
Other contributory causes of importance: Acute Glauer, Nephritis exacerbation of a chronic nephritis	Sept 9th

Name of operation: None — Date of

What test confirmed diagnosis? Physical Signs — 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, 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? no

If so, specify

(Signed) Dr Dean S. Rising, M. D.

(Address) 602 Argyle Bldg