

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

Do not use this space.

1. PLACE OF DEATH
 County Jasper Registration District No. 411 File No. 3111
 Township Joplin Primary Registration District No. 2602 Registered No. 210
 City Joplin (No. 523 N. Municipal) (St. Mo.) (Ward. 210)
 2. FULL NAME Mrs. Melvina Jane McNeil
 (a) Residence, No. 523 N. Municipal Ward. 210 (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widow
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Deceased
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 12 - 1898
 7. AGE YEARS 32 MONTHS 3 DAYS 19 If LESS than 1 day, hrs. or min.
 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. home duties
 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) York, Pa.
 13. NAME Grundy Parker
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) York, Pa.
 15. MAIDEN NAME Lucinda
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) York, Pa.
 17. INFORMANT (ADDRESS) Jasper, Mo.
 18. BURIAL, CREMATION, OR REMOVAL PLACE Elm Springs, Mo. DATE Feb 23
 19. UNDERTAKER (ADDRESS) W. L. ...
 20. FILED 2-1-38 Ed James Registrar. 3372

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 21 - 1938
 22. I HEREBY CERTIFY That I attended deceased from 1/20 1938 to 1/31 1938
 I last saw her alive on 1/31 1938 Death is said to have occurred on the date stated above, at 12:30 P.M.
 The principal cause of death and related causes of importance were as follows:
Bronchial Pneumonia Date of onset 1/18/38
 Other contributory causes of importance:
Chronic Myocarditis
 Name of operation none Date of _____
 What test confirmed diagnosis? no 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) W. L. ... M. D.
 (Address) 616 ...

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

W. L.

RECEIVED

FEB 25 1938

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