

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

33185  
Do not use this space.

REC'D OCT 26 1938

1. PLACE OF DEATH

(a) County St. Francois Registration District No. 775  
(b) Township Perroy Primary Registration District No. 6029-A Registered No. 13  
(c) City Bonne Terre (d) Street No. Bonne Terre Hospital St. Mo.  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Joseph Wesley Neel HO-1  
(a) Residence, No. Leadwood Mo. St. Mo.  
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Helena Neel  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 6 1877  
7. AGE YEARS 60 MONTHS 9 DAYS 24 If LESS than 1 day, ..... hrs. of ..... min.  
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Electrician  
9. Industry or business in which work was done, as saw mill, bank, etc. Lead Mines  
10. Date deceased last worked at this occupation (month and year) Sept. 28 1938 11. Total time (years) spent in this occupation.....

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 30 1938  
22. I HEREBY CERTIFY, That I attended deceased from Sept. 29, 1938, to Sept. 30, 1938.  
I last saw him alive on Sept. 30, 1938. Death is said to have occurred on the date stated above, at 1 P. m.  
The principal cause of death and related causes of importance were as follows:

OCCUPATION  
FATHER  
MOTHER  
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo. 0  
13. NAME Joseph Neel 4  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Scott Land 1  
15. MAIDEN NAME Mary Ann Rice  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Arkansas  
17. INFORMANT (ADDRESS) Helena Neel  
Leadwood Mo.  
18. BURIAL, CREMATION, OR REMOVAL PLACE Hopewell DATE Oct 2 1938  
19. FUNERAL DIRECTOR (ADDRESS) J. S. Boyer Son  
Leadwood Mo.  
20. FILED Oct 2 1938 N. W. Hawkins Local Registrar.

Right Strangulated inguinal hernia Date of onset Sept 27/38  
Right inguinal hernia 12 27 1935  
Other contributory causes of importance:  
Name of operation Right inguinal herniectomy Date of 9/29/38  
What test confirmed diagnosis? Operation 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 David Smith M. D.  
(Signed) David Smith (Address) Bonne Terre, Mo.

STATEMENT BY LICENSED EMBALMER

I, Bert L Boyer, Licensed Embalmer No. 3445

hereby certify that the body recorded on the reverse side of this certificate was embalmed by J

L. E.

No. \_\_\_\_\_ or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed Bert L Boyer

Licensed Embalmer No. 3445

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)**