

REC'D FEB 23 1939

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

Do not use this space.

1. PLACE OF DEATH

County HarrisonTownship ShermanCity ~~Sherman~~Registration District No. 334Primary Registration District No. 546BFile No. 2428Registered No. 4

St. _____ Ward _____

2. FULL NAME

(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

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

Bess Neill

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

8/5/1888

7. AGE

YEARS

50

MONTHS

4

DAYS

29

If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION

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

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)

Harrison Co., Mo.

13. NAME

John M. Neill

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

Tennessee

15. MAIDEN NAME

Pendence Hilliard

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

West Virginia

17. INFORMANT

(ADDRESS)

Bess Neill
Bethany, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Miriam

DATE

1/6

1939

19. UNDERTAKER

(ADDRESS)

L. M. Haas
Bethany, Mo.

20. FILED

1-9-1938W. H. Weisling

Registrar

362

(Address)

Bethany Mo.

MEDICAL CERTIFICATE OF DEATH

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

1/4 . 1939

22. I HEREBY CERTIFY, That I attended deceased from

1/4, 1939, to 1/4, 1939I last saw h. alive on about 1/30, 1939. Death is saidto have occurred on the date stated above, at 3:30 p. m.

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

Date of onset

Accident -Gunshot wound
of the head.

Other contributory causes of importance:

194

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 Accident Date of injury Jan 4, 1939Where did injury occur? country (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury gun shot wound of theNature of injury head

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

If so, specify Joe E. Wheeler Coroner

(Signed)

(Address)

Bethany Mo.

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.

JUL 15 1946