

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

**17923**  
Do not use this space.

**REC'D JUN 19 1939**

**1. PLACE OF DEATH**

(a) County Audrain Registration District No. 26  
 (b) Township Saltriver Primary Registration District No. 3002  
 (c) City Mexico Mo. (d) Street No. 721 S. Muldrow St.  
 (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 12 yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

**2. PRINT FULL NAME Mary Ann Neville**

(a) Residence, No. 721 S. Muldrow St.  (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Female 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 James W. Neville

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 7, 1856

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
82 6 8

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housekeeper  
 9. Industry or business in which work was done, as 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) Warren County, Ohio  
 (STATE OR COUNTRY)

FATHER 13. NAME Terry O'Toole  
 14. BIRTHPLACE (CITY OR TOWN) Ireland  
 (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Minnie Puree  
 16. BIRTHPLACE (CITY OR TOWN) Ireland  
 (STATE OR COUNTRY)

17. INFORMANT Mr. Austin Neville  
 (ADDRESS) 516 Chestnut, Quincy, Ill.

18. BURIAL, CREMATION, OR REMOVAL Sedalia, Mo.  
Calvary Cemetery, DATE May 19 39

19. FUNERAL DIRECTOR H.A. Precht & Son  
 (ADDRESS) Mexico, Mo.

20. FILED MAY 16 1939 Blanche Reely  
 Local Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 15, 19 39

22. I HEREBY CERTIFY, That I attended deceased from May 11, 1939, to May 15, 1939

I last saw her alive on May 15, 1939 Death is said to have occurred on the date stated above, at II:20 P.M.

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

Acute Bronchial Pneumonia Date of onset 15-11-1939

Other contributory causes of importance:

none

Name of operation none Date of.....

What test confirmed diagnosis?..... 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) Paul E. Cost, M. D.

23 (Address) Mexico, Mo.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

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143

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RECEIVED

District Health Officer No. 10

District File Number 10-39-1107

Date Filed JUN 8 1939

STATEMENT BY LICENSED EMBALMER

I, Earl E. Precht, Licensed Embalmer No. 3189

hereby certify that the body recorded on the reverse side of this certificate was embalmed by Earl E. Precht

L. E.

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

Signed Earl E. Precht

Mexico, Mo.

Licensed Embalmer No. 3189

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