

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

REC'D SEP 19 1938

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

29867
Do not use this space.

1. PLACE OF DEATH

(a) County Demascat Registration District No. 651
(b) Township Parthenierville Primary Registration District No. 4388 Registered No. 89
(c) City Parthenierville (d) Street No. _____ 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 yrs. mos. da. (f) How long in U.S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME

Floyd Neeley
(a) Residence, No. 706 Cotton Ave St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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 Lettie Neeley
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 20 - 1894
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 45 2 21
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Salesman
9. Industry or business in which work was done, as saw mill, bank, etc. Implement Co.
10. Date deceased last worked at this occupation (month and year) unknown 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) Subsaw County (STATE OR COUNTRY) Tennessee

FATHER 13. NAME James F. Neeley

14. BIRTHPLACE (CITY OR TOWN) Bedford County (STATE OR COUNTRY) Tennessee

MOTHER 15. MAIDEN NAME Sallie B. Carlton

16. BIRTHPLACE (CITY OR TOWN) Subsaw County (STATE OR COUNTRY) Tennessee

17. INFORMANT (ADDRESS) Mrs. Lettie Neeley
Parthenierville, Mo.

18. BURIAL (CREMATION, OR REMOVAL) PLACE Parthenierville, Mo. DATE 9/12/38

19. FUNERAL DIRECTOR (NAME) Large Und. Co. (ADDRESS) Parthenierville, Mo.

20. FILED Sept. 15 1938 Ada Martin Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept - 11 - 1939

22. I HEREBY CERTIFY, That I attended deceased from 7-30, 1937, to 9-11, 1939

I last saw h./M. alive on 9-11, 1939 Death is said to have occurred on the date stated above, at 3:45 p.m.

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

PULMONARY TUBERCULOSIS 1937

Other contributory causes of importance: 73

Name of operation _____ Date of _____

What test confirmed diagnosis? X-Ray Was there an autopsy? _____

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) P. J. Garrison, M. D.

585 (Address) Parthenierville, Mo.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed

J. W. Schuman

Licensed Embalmer No. *4086*

P. O. Address *Croftonville, Md*

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

If this body is not embalmed, above space should be left blank.