

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

3293
Do not use this space.

3 1940

1. PLACE OF DEATH
 (a) County Boonville Registration District No. 1099
 (b) Township Little River Primary Registration District No. 5868
 (c) City _____ (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 9 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.
 2. PRINT FULL NAME James Edward Neely
 (a) Residence, No. _____ 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 M 4. COLOR OR RACE Col 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 11-5-1906
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 33 2 15
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. farmer
 9. Industry or business in which work was done, as saw mill, bank, etc. latter farm
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation 18
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ashport Tenn
 FATHER 13. NAME Joe Neely
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Brownsville Tenn
 MOTHER 15. MAIDEN NAME Dora Bell
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Spartanburg Tenn
 17. INFORMANT (ADDRESS) Joe Neely Wordell, Mo.
 18. BURIAL, CREMATION, OR REMOVAL PLACE Wordell, Mo DATE 1-24-40
 19. FUNERAL DIRECTOR (NAME) (ADDRESS) Smith & Hill Ray - Mo.
 20. FILED Jan 26 1940 J. H. Creasy Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 20 1940
 22. I HEREBY CERTIFY, That I attended deceased from 10-2-39 to 1-6-40
 I last saw h. im. alive on 1-6-40 Death is said to have occurred on the date stated above, at 5:30 p.m.
 The principal cause of death and related causes of importance were as follows:
Empyema of chest
Dementia from typhoid 1933
 Date of onset 10-2-39
 Other contributory causes of importance:
 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? _____ 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) R. A. Busch, M. D.
 (Address) Wordell, 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.

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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.....

Andrew Hill

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

A Hill

Licensed Embalmer No. *2627*

P. O. Address. *Gilbourn 2110*

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.)

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