

APR 23 1940

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

11069  
Do not use this space.

1. PLACE OF DEATH  
(a) County Harrison Registration District No. 334  
(b) Township Bethany Primary Registration District No. 4197  
(c) City Bethany (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. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.  
2. PRINT FULL NAME CHARLES B. NEVILLE  
(a) Residence, No. \_\_\_\_\_ St. Blytheville Mo  
(Usual place of abode, if no street address, write county or city) (If resident, give city or town and State)

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 Nellie Odem  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 1, 1871  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 68 3 28  
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife  
9. Industry or business in which work was done, as saw mill, bank, etc. Stock & Grain  
10. Date deceased last worked at this occupation (month and year) Jan. 1940 11. Total time (years) spent in this occupation. 50  
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Eagleville Mo  
13. NAME W. J. Neville 0  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Manchester Ky  
15. MAIDEN NAME Sarah Brooks 1  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Manchester Ky  
17. INFORMANT Nellie Neville  
(ADDRESS) Blytheville Mo  
18. BURIAL, CREMATION, OR OTHER FINAL PLACE Blytheville Mo DATE Mar 3 40  
19. FUNERAL DIRECTOR (NAME) (ADDRESS) W. J. Prager  
140 W. 1st St  
20. FILED 2-11- 1940 A. L. Wessling  
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 29 40  
22. I HEREBY CERTIFY, That I attended deceased from 1-20 1940 to Feb 29 1940  
I last saw him alive on Feb 29 1940 Death is said to have occurred on the date stated above, at 309.  
The principal cause of death and related causes of importance were as follows:  
Stenosis of biliary passage  
Date of onset 1-19-40  
Other contributory causes of importance: Biliary Colic 1938  
Name of operation Gall bladder removed Date of 2-23-40  
What test confirmed diagnosis? Surgery 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) W. J. Prager, M. D.  
30 (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.

RECEIVED

District Health Officer No. 11,

District File Number 462-531

Date Filed APR 12 1940

**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

*James P. Ryan*

Licensed Embalmer No. 2026

P. O. Address Ridgeway

**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.**