

S. No. 2
M-5-42
7-5-17-39
X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILTD NOV 4 1942

Registration District No. 43

Primary Registration District No. 5142

Registrar's No. 335

12
00
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
 (a) County Butler
 (b) City or town Neelyville
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: Mo. Pac. R.R. Tracks, S. of Neelyville
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether _____)
 In this community Life
years, months or days

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Butler
 (c) City or town Neelyville
(If outside city or town limits, write "RURAL")
 (d) Street No. _____
(If rural, give location)
 (e) Citizen of foreign country? No. (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Exzelous Bronson
 3. (b) If veteran, name war _____ 3. (c) Social Security No. 702-18-1429

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month October day 16
 year 1942 hour ? minute _____ M.

4. Sex Male 5. Color or race C
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Blanche Barbara Bronson 6. (c) Age of husband or wife if alive 38 years
 7. Birth date of deceased Jan 24 1908
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
 that I last saw h_____ alive on _____, 19____;
 and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
34 8 22 _____ hr. _____ min.

Immediate cause of death Coroners verdict
The deceased came to his death by
being struck by a Missouri Pacific
train going north through the town of
Neelyville, Missouri"

9. Birthplace Neelyville, Missouri
(City, town, or county) (State or foreign country)
 10. Usual occupation R.R. Section Laborer
 11. Industry or business Mo. Pac. R.R.

Due to _____
 Other conditions _____
(Include pregnancy within 3 months of death)

MOTHER FATHER
 12. Name Ned Bronson
 13. Birthplace Arkansas
(City, town, or county) (State or foreign country)
 14. Maiden name Eunice Campbell
 15. Birthplace Mississippi
(City, town, or county) (State or foreign country)

Major findings:
 Of operations _____
 Of autopsy _____
 PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

16. (a) Informant Eunice Brazier
 (b) Address Neelyville, Missouri
 17. (a) Burial (b) Date thereof 10-17-42
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Neelyville, Mo.

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) Accident
 (b) Date of occurrence 10-16-42
 (c) Where did injury occur? Neelyville Butler Mo.
(City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?
Mo. Pac. R.R. Tracks, S. Neelyville, Mo.

18. (a) Signature of funeral director Greer Croy Service
 (b) Address Poplar Bluff, Missouri
 19. (a) 10-20-42 (b) Pelle Turner
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place) _____
 (c) Means of injury _____
 23. Signature Alfred W. Greer
 Address Poplar Bluff Mo Date signed 10/17/42
(M. D. or other)

RECEIVED

District Health Office No. 2

District File Number 1142-146

Date Filed 11-2-42

EMBI. DISTRICT

NOV 2 1942

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 Not embalmed

Licensed Embalmer No.....

P. O. Address.....

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, fact should be so stated above.