

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

Do not use this space.

4959
758

1. PLACE OF DEATH

County Jackson Registration District No. 399
 Township Jagan Primary Registration District No. 1002
 City Jagan (No. 1529 E 49th St Jcn) St. _____ Ward)

File No. _____
 Registered No. _____

2. FULL NAME

Mrs Elvia Niemann

(a) Residence. No. 1529 E 49th Jcn St. _____ Ward. _____
 (Usual place of abode)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE wh 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Fred W. Niemann

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 27th 1868

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
58 6 23

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work at home
 (b) General nature of industry, business, or establishment in which employed (or employer) ✓
 (c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Ellsworth
 (STATE OR COUNTRY) Kas

10. NAME OF FATHER Jno Parkins

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Colo
 (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER No Data

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) No Data
 (STATE OR COUNTRY)

14. INFORMANT Fred W. Niemann
 (Address) 1529 E 49th St Jcn

15. FILED 2/24 1927 M. M. Craun REGISTRAR
asst

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 2/20/27 19

17. None
 I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____, that I last saw h. _____ alive on _____, 19____, and that death occurred, on the date stated above, at _____ 11:42 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic Myocarditis
930 90 B
97

CONTRIBUTORY (SECONDARY) Antero-sclerosis
 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH: _____

8 DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____

WAS THERE AN AUTOPSY? yes

WHAT TEST CONFIRMED DIAGNOSIS? Autopsy
 (Signed) H. E. Mann, M. D.

2-20, 1927 (Address) London

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Forest Hill Cem DATE OF BURIAL 2/27/27 19

20. UNDERTAKER H. F. Mayberry Co ADDRESS City

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.

