

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

Do not use this space.

35649

1. PLACE OF DEATH

County Saline

Registration District No. 798

File No. _____

Township Arrow Rock

Primary Registration District No. 6025B

Registered No. 20

City _____ (No. _____)

St. _____

Ward _____

2. FULL NAME

Lu Waller Napp

(a) Residence. No. _____ St. _____

Ward _____

(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred

yrs.

mos.

ds.

How long in U.S., if of foreign birth?

yrs.

mos.

ds.

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

Blanche Napp

6. DATE OF BIRTH (MONTH, DAY AND YEAR)

July 6-1870

7. AGE

YEARS

MONTHS

DAY

IF LESS than 1 day, _____ hrs. or _____ min.

57

4

0

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Farmer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Mo.

10. NAME OF FATHER

John M. Napp

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Iowa

12. MAIDEN NAME OF MOTHER

Billy Napp

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Mo.

14.

INFORMANT (Address)

Mrs Blanche Napp Arrow Rock Mo

15.

FILED

Dec 9 1927 Lee J. Shuch

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov. 6 1927

17.

I HEREBY CERTIFY, That I attended deceased from Nov. 5 1927 to Nov. 5 1927 that I last saw him alive on Nov. 5 1927, and that death occurred, on the date stated above, at 6 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pancreatitis
12910

5381
5381

(duration)

yrs.

mos.

ds.

CONTRIBUTORY (SECONDARY)

Closure of common duct

(duration)

yrs.

mos.

ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? No.

DATE OF X

WAS THERE AN AUTOPSY? No.

WHAT TEST CONFIRMED DIAGNOSIS? Clinical

(Signed)

C. L. Lanier

M. D.

, 19

(Address)

Marshall Mo.

*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

DATE OF BURIAL

Arrow Rock Cem.

Nov 7

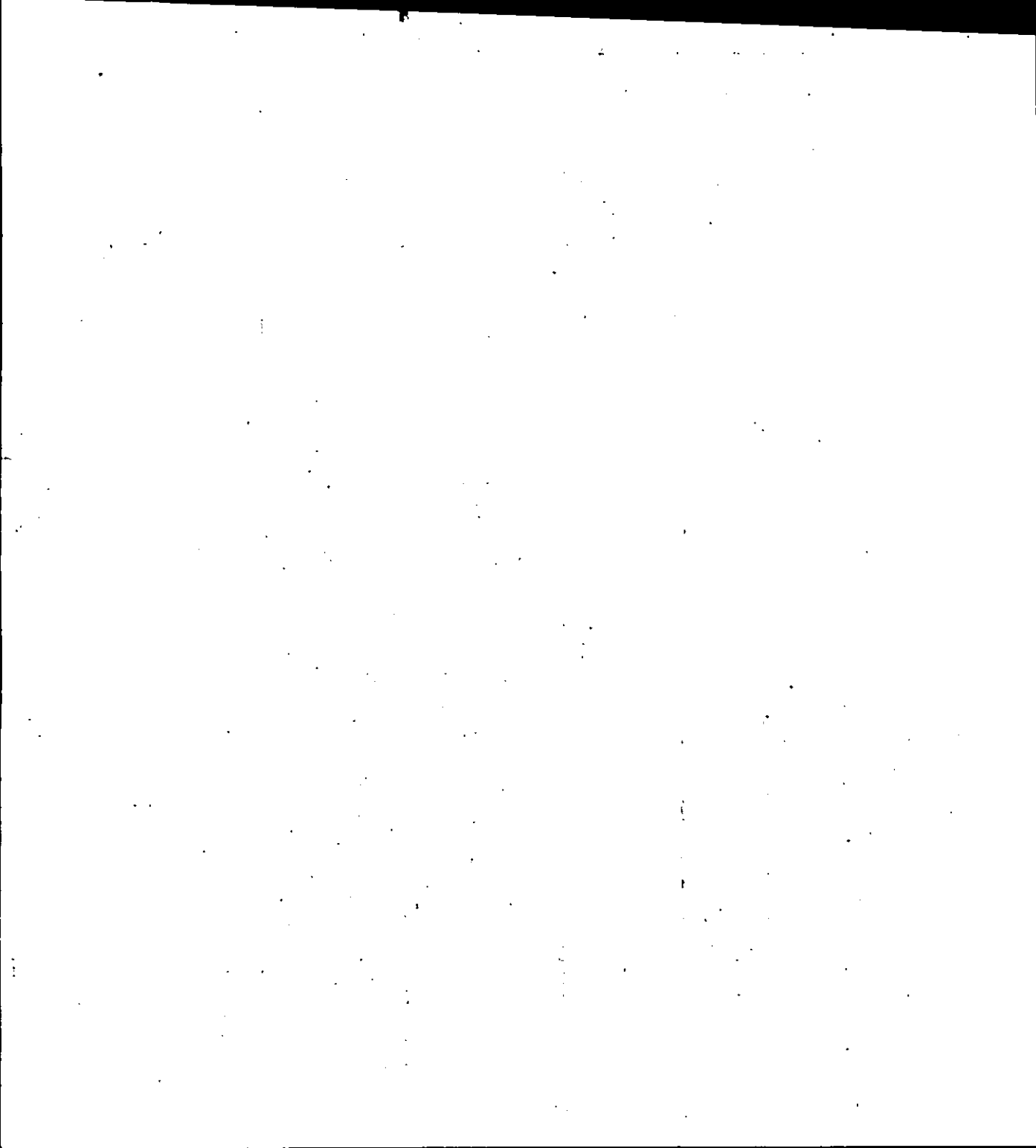
1927

20. UNDERTAKER

ADDRESS

T. W. Campbell Marshall

NOTE.—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.



DR. C. L. LAWLESS

MARSHALL, MO., R. F. D. No. 5

Phone No. 6110F2

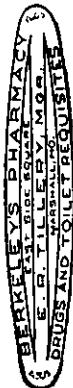
Phone No. Arrow Rock 16F5

R For _____ Date _____

Address _____

At the time we removed
the gall bladder we found
this fatty fibrinous tissue
in the common duct
also a small Neoplasm
on the head of the
Pancreas.

C. L. L.



1927
S(2)-35649

Name: A. Walter Neff
Who died at: Saline Co. on Nov 6, 1927,

Residence: No. _____ St. _____
(If nonresident, city or town)

Length of residence in city or town where death occurred: Years _____ Months _____ Days _____

Sex: _____ Color or race: _____ Single, married, widowed or divorced: _____

Date of birth: _____ Age: Years _____ Months _____ Days _____

Occupation: (a) Trade _____ (b) Industry: _____

Birthplace (State or country) _____

Birthplace of father (State or country) Ind _____

Birthplace of mother (State or country) _____

CAUSE OF DEATH: Pancreatitis
Closed with a fatty fibrinous tissue (origin unknown)
Contributory: Closure of common
duct.

Where was disease contracted? At his home
Did operation precede death? Yes Date of July 6, 1927

Was there an autopsy? No What test confirmed diagnosis? Post Operative

Name of physician: C. L. Lawless Lee Miller Surgeon

Address of physician: Marshall Mo. H. C. McRae 134
8017

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