

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

Do not use this space.

39132

**1. PLACE OF DEATH**

County Saline Registration District No. 798  
 Township Arrow Rock Primary Registration District No. 60358  
 City..... (No.....) St. .... Ward)

File No.....  
 Registered No. 25

**2. FULL NAME** Isaac Neff

(a) Residence. No..... St., ..... Ward.  
 (Usual place of abode)

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. (If nonresident give city or town and State)

**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 Fannie Neff

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec. 29-1857

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, <u>hrs.</u> or <u>min.</u>
	<u>70</u>	<u>0</u>	<u>2</u>	

**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 Neff

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

12. MAIDEN NAME OF MOTHER Polly Neff

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Mo.

14. INFORMANT J. J. Neff  
 (Address) Newton Mo.

15. Jan 4, 08 Lee J. Spruce  
 Registrar

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 31 19 27

17. I HEREBY CERTIFY That I attended deceased from July 17, 1927, to Dec 29, 1927 that I last saw h. see A alive on Dec 29, 1927, and that death occurred, on the date stated above, at 8:30 p. m.

**THE CAUSE OF DEATH WAS AS FOLLOWS:**

Acute dilatation of heart

CONTRIBUTORY (SECONDARY) Myocardial Regurgitation

18. WHERE WAS DISEASE CONTRACTED Not at place of death

DID AN OPERATION PRECEDE DEATH? No DATE OF X

WAS THERE AN AUTOPSY? No

WHAT TESTS CONFIRMED DIAGNOSIS Clinical

(Signed) C. R. Lawless, 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 Mo Jan 3 1928

20. UNDERTAKER ADDRESS

R. W. Campbell Marshall

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.

