

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

Do not use this space.

2722

**1. PLACE OF DEATH**

County.....

Registration District No. 701

File No. ....

Township.....

Primary Registration District No. 1003

Registered No. F 292

City St. Louis (No. City 1003) St. .... Ward)

**2. FULL NAME**

(a) Residence. No. 1434 1/2 St. 18 Ward.

Length of residence in city or town where death occurred 30 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 Harrick Neverbaugh

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb 18 - 1845

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
84 | 10 | 14

8. OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work Servant  
(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) Indiana

10. NAME OF FATHER Arthur Neverbaugh

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

12. MAIDEN NAME OF MOTHER Unknown

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

14. INFORMANT (Address) Anna City 1003

15. MAILED - 19 1928 May 6 Barrett REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jun 8 1928

17. I HEREBY CERTIFY That I attended deceased from Jun 5, 1928 to Jun 8, 1928 that I last saw him alive on Jun 8, 1928, and that death occurred, on the date stated above, at 2:40 am

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Chronic myocarditis  
93c  
400

CONTRIBUTORY (SECONDARY) (duration) yrs. mos. ds.

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

19. DID AN OPERATION PRECEDE DEATH? DATE OF.....

20. WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS.

(Signed) Robert D. Simpson, M. D. (Address) City 1003

\*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.

21. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL

St. Matthews Cemetery 1-10 1928

22. UNDERTAKER ADDRESS

Kriegshauser U.C. Manchester

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Jan 1898