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

Do not use this space.

File No. 5393
Registered No. 20

1. PLACE OF DEATH
County Jasper
Township
City Webb City (No. ..... St. ..... Ward)
Registration District No. 417
Primary Registration District No. 3021

2. FULL NAME Mrs Gertrude Neihart
(a) Residence. No. 46 W 12th 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 Female
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Widowed
6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 10 1878
7. AGE Years 49 Months 8 Days 10 If LESS than 1 day, ... hrs. or ..... min.
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) Jasper County
(STATE OR COUNTRY) Missouri

PARENTS
10. NAME OF FATHER Anthony Clubb
11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Ill.
12. MAIDEN NAME OF MOTHER Mary Cromer
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Ohio

14. INFORMANT Harold Neihart
(Address) Webb City Mo.
15. FILED 2-22-1928 R. M. Stonmont REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 20 1928
17. I HEREBY CERTIFY, That I attended deceased from Jan 24, 1928, to Feb 20, 1928 that I last saw her alive on Feb 4, 1928, and that death occurred, on the date stated above, at 10 p.m.
THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic Interstitial Nephritis
131 (duration) yrs. mos. ds.
CONTRIBUTORY (SECONDARY) 1290
(duration) yrs. mos. ds.
18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? .....
DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....
WAS THERE AN AUTOPSY? .....
WHAT TEST CONFIRMED DIAGNOSIS? .....
(Signed) L. Pinkerey, M. D
2/21, 1928 (Address) Webb City 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 Forest Park Cem
DATE OF BURIAL 2/22 1928
20. UNDERTAKER Webb City Und Co
ADDRESS Webb City Mo.

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.

MAR 19 1928

PERMANENT RECORD