

AUG 27 1928

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

Do not use this space.

28033

## 1. PLACE OF DEATH

Com. Newton  
Township Neesho  
City (No. ....) (Ward) .....

Registration District No. 6509  
Primary Registration District No. 5508

File No. ....  
Registered No. ....  
St. .... Ward

## 2. FULL NAME

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

Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da. (If nonresident give city or town and State)

## 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

Melchior Rahm

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

Jan 10 1848

## 7. AGE

80

## YEARS

## MONTHS

6

## DAYS

21

If LESS than 1 day, .... hrs. or .... min.

## 8. OCCUPATION OF DECEASED

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

Housewife

(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)

Switzerland

## 10. NAME OF FATHER

Melchior Rahm

## 11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Switzerland

## 12. MAIDEN NAME OF MOTHER

Don't know

## 13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Don't know

## 14.

INFORMANT  
(Address)

Geo. Rahm  
Neesho Mo

## 15.

FILED

Aug 10 1928

REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

## 16. DATE OF DEATH (MONTH, DAY AND YEAR)

Aug 1 1928

## 17.

I HEREBY CERTIFY That I attended deceased from July 15<sup>th</sup> 1928 to Aug 1<sup>st</sup> 1928 that I last saw him alive on July 21<sup>st</sup> 1928 and that death occurred, on the date stated above, at 3:30 P.M.

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

Cerebral hemorrhage  
B.P.A.

## CONTRIBUTORY (SECONDARY)

Heart  
(duration) yrs. mos. da.

## 18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH:

## DID AN OPERATION PRECEDE DEATH?

no

DATE OF

WAS THERE AN AUTOPSY?

no

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed)

Raymond, M. D.

8-2, 1928 (Address)

Neesho 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

German Cemetery

8-3-28

## 20. UNDERTAKER

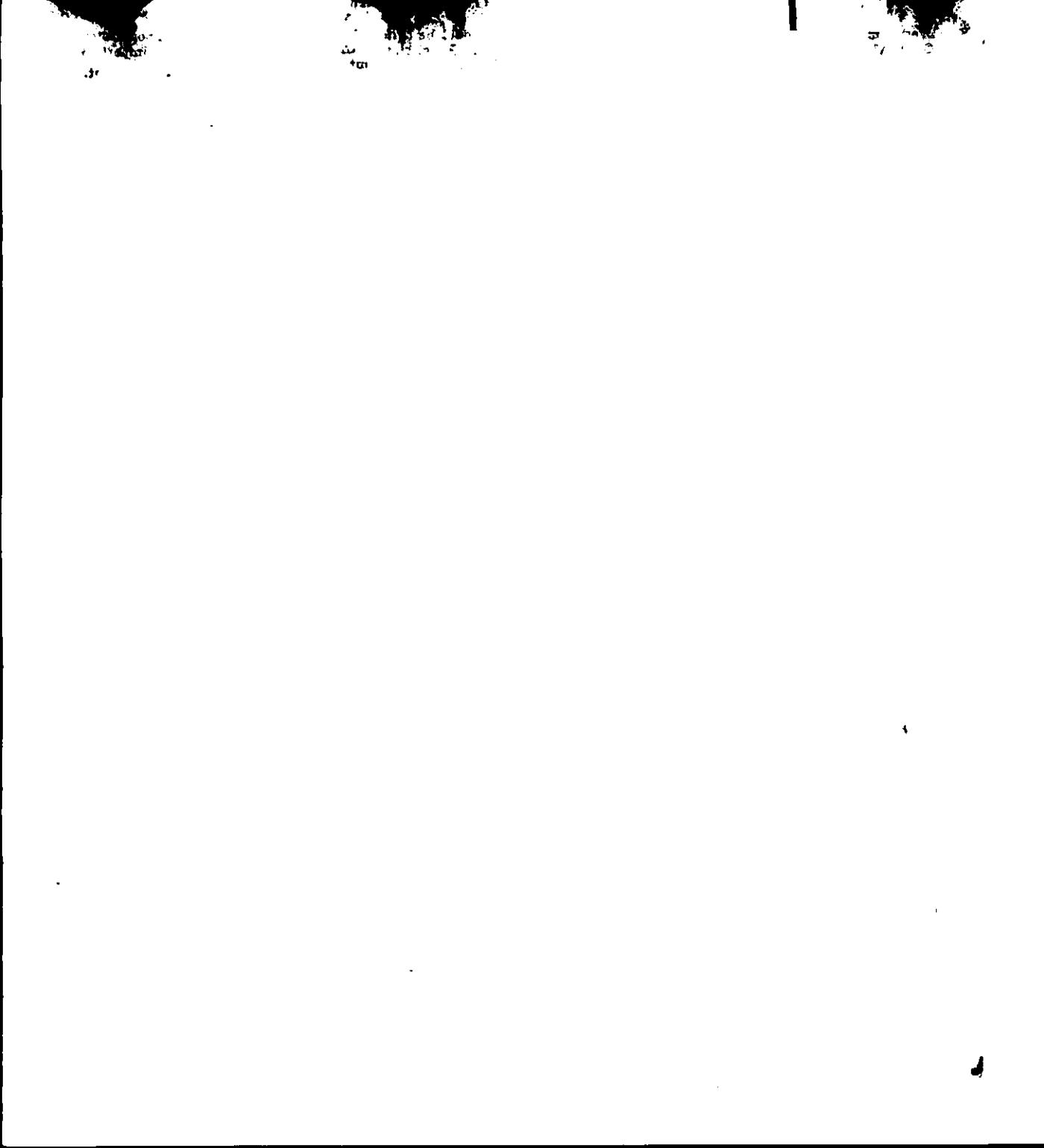
## ADDRESS

Raymond's

Neesho

WRITE PLAINLY, WITH UNFADING INK—

PERMANENT RECORD  
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.



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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

**1. PLACE OF DEATH.**

Ceremy Newton Registration District No. 609 File No. 81  
 Township Neosho Primary Registration District No. 5808 Registered No. \_\_\_\_\_  
 City \_\_\_\_\_ (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME** Helene Rahm

(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 F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) W

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Melchor Rahm

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 1-10-1844

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
80 6 21

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work Housewife (duration) yrs. mos. ds.  
 (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) Switzerland

10. NAME OF FATHER no

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

12. MAIDEN NAME OF MOTHER Don't know

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Don't know

14. INFORMANT Jos. Rahm (Address) Neosho Mo.

15. FILED Aug 10, 19 28 G. E. Maness REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 1 19 28

17. I HEREBY CERTIFY, That I attended deceased from July 15 1928 to Aug 1 1928 that I last saw h. or alive on July 26 1928, and that death occurred, on the date stated above, at 2:30 P. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Cerebral Hemorrhage

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

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

DID AN OPERATION PRECEDE DEATH? no DATE OF \_\_\_\_\_  
 WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? (Signed) R. C. Larsson, M. D.  
8/9, 1928 (Address) Neosho, 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 German Cemetery DATE OF BURIAL 8/3 19 28

20. UNDERTAKER Bigbanis ADDRESS Neosho

SUPPLEMENTARY

THIS IS A PERMANENT RECORD  
 INFORMATION should be carefully supplied. AGE at DEATH in plain terms, so that it may be properly classified.  
 PHYSICIANS SHOULD EXACTLY. OCCUPATION is very important.  
 REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

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