

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

Do not use this space.

4935

1. PLACE OF DEATH
 County Saline Registration District No. 800
 Township Salt Pond Primary Registration District No. 6044
 City (No.) St. Ward)

2. FULL NAME Henry L. Neermann
 (a) Residence No. St. Ward.
 (Usual place of abode)
 Length of residence in city or town where death occurred 77 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

File No.
 Registered No. 8
 St. Ward)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
 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 Mary Neermann
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct-1-1851
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
77 | 3 | 11 |
 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) Saline, Co. Missouri
 (STATE OR COUNTRY)
 10. NAME OF FATHER Henry Neerman
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) Germany
 (STATE OR COUNTRY)
 12. MAIDEN NAME OF MOTHER Frederick Neumann
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Germany
 (STATE OR COUNTRY)

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan-12-1929
 17. I HEREBY CERTIFY That I attended deceased from Sept 15, 1928, to Jan 12, 1929
 that I last saw him alive on Jan 10, 1929, and that death occurred, on the date stated above, at 8:15 A.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Infected Carcinoma of cheek (right)
45E (duration) 5 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 43 (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 Clinical
 (Signed) J. T. Freund, M. D.
 (Address) Excelsior, 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.

14. INFORMANT Eustav Neermann
 (Address) Concordia, Mo.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Lutheran Cross Cemetery
 DATE OF BURIAL Jan-14-1929

15. Jan 12 1929
J. H. Aweus
 REGISTRAR

20. UNDERTAKER H. F. Deussing Concordia 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.

FILE 66 102

