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

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.

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

Do not use this space.

6648

1. PLACE OF DEATH
County Jackson — Registration District No. 399 — File No. 813
Township Kaw — Primary Registration District No. 1002 — Registered No.
City Kansas City (No. 5318 Harrison St. Ward)

2. FULL NAME Mrs. Ida Neyman
(a) Residence. No. 5318 Harrison St., 6 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): Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Frank R. Neyman

6. DATE OF BIRTH (MONTH, DAY AND YEAR): 2-18-1865

7. AGE: 63 Years, 11 Months, 28 Days. 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

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9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ill.

2

PARENTS

10. NAME OF FATHER: Geo. Gosch

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

10

12. MAIDEN NAME OF MOTHER: Barbara M. Hess

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

10

14. INFORMANT: Mrs. W. C. Cooke
(Address) 5318 Harrison St.

15. FILED 2-18 1929 M M Emer Asst REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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16. DATE OF DEATH (MONTH, DAY AND YEAR): 2-11 1929

17. I HEREBY CERTIFY, That I attended deceased from Feb 1st, 1927, to Feb 16, 1929 that I last saw her alive on Feb 16, 1929, and that death occurred, on the date stated above, at 1 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

57A
acute uremic poison
132B (duration) yrs. mos. 14 ds.

CONTRIBUTORY (SECONDARY): chronic arthritis
(duration) 3 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 symptoms
(Signed) S H S Prentiss, M. D
2-17 1929 (Address) 1215 Realty Bldg.

*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: Pleasant Hill, Mo. — DATE OF BURIAL: 2-18 1929

20. UNDERTAKER: Steve & McClure L. Co. — ADDRESS 3235 Gillham Plaza

[illegible]

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