MAY 26 1930
MAY 26 1929

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

Do not use this space.

12263

1. PLACE OF DEATH
County Gasconade
Township
City Hermann (No. St. Ward)
Registration District No. 303
Primary Registration District No. 4182
File No.
Registered No.

2. FULL NAME George Henry Neumann
(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.

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.

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: Clara Neumann

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Mar-11-1868

7. AGE: Years 62, Months 1, Days 6. If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Retired Farmer
(b) General nature of industry, business, or establishment in which employed (or employer): ✓
(c) Name of employer: ✓

9. BIRTHPLACE (CITY OR TOWN): Little Berger
(STATE OR COUNTRY): Mo

PARENTS
10. NAME OF FATHER: Micheal Neumann
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY): Germany
12. MAIDEN NAME OF MOTHER: Madelena Slick
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY): Germany

14. INFORMANT: Clara Neumann
(Address): Hermann Mo

15. FILED 4-19, 1930 Anna K Rickhoff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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16. DATE OF DEATH (MONTH, DAY AND YEAR): Apr. 17 1930

17. I HEREBY CERTIFY, That I attended deceased from Mar 1, 1930, to Apr 17, 1930 that I last saw him alive on Apr. 16, 1930 and that death occurred, on the date stated above, at 8-30 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Carcinoma of Bladder and Prostate
51B
51C
(duration) yrs. 6 mos. ds.

CONTRIBUTORY (SECONDARY): None
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH: at place of death
DID AN OPERATION PRECEDE DEATH? No DATE OF —
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? H. Ray and general Diagnosis
(Signed) H. J. Rickhoff, M. D.
, 19 (Address) Hermann 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: Hermann City Cemetery
DATE OF BURIAL: 4/20 1930

20. UNDERTAKER: Herman Blumer
ADDRESS: Hermann Mo