

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

Do not use this space.

18432
3

1. PLACE OF DEATH

County Washington Registration District No. 1103
Township Johnson Primary Registration District No. 6186
City (No. _____) _____ St. _____ Ward _____

File No. _____
Registered No. _____

2. FULL NAME

Isaiah Neff

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

Length of residence in city or town where death occurred 52 yrs. mos. ds. How long in U. S., if of foreign birth? _____ yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widower

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug. 9, 1849

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
80 9 13

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) Jackson County
(STATE OR COUNTRY) Ohio

10. NAME OF FATHER Daniel Neff

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Jackson
(STATE OR COUNTRY) County, Ohio

12. MAIDEN NAME OF MOTHER Kathleen

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) _____
(STATE OR COUNTRY) Kentucky

14. INFORMANT Andy Neff
(Address) Sullivan, Mo.

15. June 20, 1930 To Harmon
FILED _____ REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 22, 1930

17. I HEREBY CERTIFY, That I attended deceased from April 11th, 1930, to May 20th, 1930, that I last saw him alive on May 20, 1930, and that death occurred, on the date stated above, at 3:30 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Broncho pneumonia
107A
97

(duration) 2 yrs. 2 mos. 2 ds.

CONTRIBUTORY intercoronary
(SECONDARY)

(duration) 2 yrs. 2 mos. 2 ds.

18. WHERE WAS DISEASE CONTRACTED 100%

NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? no DATE OF _____

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS clinical

(Signed) Jacob Orwig, M. D.

5-22-1930 (Address) Sullivan 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 _____

Hamilton Cemetery May 22, 1930

20. UNDERTAKER Thos. P. Shiffer ADDRESS Sullivan

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.

RECORD WITH CHANGING INSTRUCTIONS IS A PERMANENT RECORD

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