

Oct 28 1930

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

Do not use this space.

18488-1

1. PLACE OF DEATH
County Adair
Township W. of Frank
City Northboro

18488-1
Registration District No. 1067
Primary Registration District No. 5809

File No. _____
Registered No. 3
St. _____ Ward _____

2. FULL NAME Florence Neadermiller
(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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed
6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mar. 21 1854
7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min. 76 2 17
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) St. Louis, Mo. (STATE OR COUNTRY) Mo.
10. NAME OF FATHER Jake Dentler
11. BIRTHPLACE OF FATHER (CITY OR TOWN) _____ (STATE OR COUNTRY) Germany
12. MAIDEN NAME OF MOTHER Mary Leigh
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) _____ (STATE OR COUNTRY) Germany

14. INFORMANT Chas. Neadermiller (Address) Yarraco
15. FILED Oct 5 1930 John S. Weston REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 7 1930
17. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____, that I last saw h. _____ alive on _____, 19____, and that death occurred, on the date stated above, at _____ 11:30 P. M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cause of death not known.
ed was called an hour and a half after death. (duration) yrs. mos. ds. _____

CONTRIBUTORY (SECONDARY) 201 B (duration) yrs. mos. ds. _____

18. WHERE WAS DISEASE CONTRACTED _____ IF NOT AT PLACE OF DEATH _____
19. DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____
WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS? (Signed) W. E. Munn, M. D.
6/7 1930 (Address) Novinger
*State the DISEASE CAUSING DEATH, or in death from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL St. Carmel DATE OF BURIAL June 8 1930
20. UNDERTAKER W. H. H. Callum ADDRESS South Albany

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.

