

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.

1. PLACE OF DEATH

County Buchanan
Township Washington
City St. Joseph (No. 611 North 7th)

Registration District No. 85
Primary Registration District No. 1001

22048

File No. _____
Registered No. 888 St. _____ Ward)

2. FULL NAME

(a) Residence. No. 611 No. 7th St., _____ Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 27 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) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Lawrence O. Neakley, Jr.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Febr 17 1903

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	<u>27</u>	<u>5</u>	<u>14</u>	

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. Joseph
(STATE OR COUNTRY) Missouri

10. NAME OF FATHER Edward O. Ott

11. BIRTHPLACE OF FATHER (CITY OR TOWN) _____
(STATE OR COUNTRY) Iowa

12. MAIDEN NAME OF MOTHER Prestruessi

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

14. INFORMANT (Address) Lawrence O. Neakley, Jr.
611 No. 7th St. St. Joseph, Mo.

15. FILED John G. Jth. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 31 1930

17. I HEREBY CERTIFY, That I attended deceased from _____, 19____ to _____, 19____, that I last saw him alive on May 1, 1930, and that death occurred, on the date stated above, at 9:40 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Tuberculosis Pul.

CONTRIBUTORY (SECONDARY) 31 (duration) 8 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) D. D. Sumner, M. D.
St. Joseph, Mo. (Address) St. Joseph, 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 Arltand Cemetery DATE OF BURIAL Aug. 2, 1930

20. UNDERTAKER E. R. Sidenfader ADDRESS 602 E. 10

AUG 20 1930

