NOV 21 1930

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

Do not use this space.
32157

85

1. PLACE OF DEATH
County: Buchanan — Registration District No.
Township: — Primary Registration District No. 1001
City: St. Joseph, Mo. (No. 3310, Seneca St., Ward)

File No.
Registered No. 1137

2. FULL NAME: William Earl Niebuhr
(a) Residence. No. 3310 Seneca 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	White	Married

5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Kate Niebuhr

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Oct 22, 1872

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	57	11	24	

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

9. BIRTHPLACE (CITY OR TOWN): Unknown
(STATE OR COUNTRY): Nebraska

PARENTS
10. NAME OF FATHER: Henry Niebuhr
11. BIRTHPLACE OF FATHER (CITY OR TOWN): Unknown
(STATE OR COUNTRY): Germany
12. MAIDEN NAME OF MOTHER: Sophia Nold
13. BIRTHPLACE OF MOTHER (CITY OR TOWN): Unknown
(STATE OR COUNTRY): Germany

14. INFORMANT: Kate Niebuhr
(Address): St. Joseph, Mo

15. FILED: Nov 18 1930 — REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

17. I HEREBY CERTIFY, That I attended deceased from Oct. 1930, to No 1930, that I last saw him alive on Oct 16 1930, and that death occurred, on the date stated above, at 3:25 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cerebral Hemorrhage
S.A.
91
(duration) yrs. mos. 10 ds.

CONTRIBUTORY (SECONDARY): Arteriosclerosis
Unknown (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED? Home
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) H. Humphrey M. D.
10/16, 1930 (Address) 223 Kirkpatrick 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: Mt. Auburn — DATE OF BURIAL: Oct. 18, 1930

20. UNDERTAKER: Sleeman Funeral Home — ADDRESS: 1946 Calhoun

NOTE: 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.

(b)(7)