

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

Do not use this space.

36089

1. PLACE OF DEATH

County Jackson
 Township Rau
 City Kansas City (No. 2938 Oak)

Registration District No. 399
 Primary Registration District No. 1002

File No. 4102
 Registered No. _____
 St. _____ Ward _____

2. FULL NAME

(a) Residence. No. 2938 Oak St. 3 Ward. _____

(Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 45 yrs. _____ mos. _____ ds. How long in U.S., if of foreign birth? _____ yrs. _____ mos. _____ ds.

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 Mrs. Cecelia Neff

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan. 8, 1858

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
72 9 29

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Cigar maker
 (b) General nature of industry, business, or establishment in which employed (or employer). (Retired 5 years)
 (c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Cincinnati
 (STATE OR COUNTRY) Ohio

10. NAME OF FATHER Jacob Neff

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

12. MAIDEN NAME OF MOTHER Unknown

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

14. INFORMANT Mrs. Cecelia Neff
 (Address) 2938 Oak St.

15. FILED 11/6, 1930 M. M. Crowe
 asst. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov. 6 1930

17. I HEREBY CERTIFY, That I attended deceased from Oct 19, 1930 to Nov 6, 1930 that I last saw him alive on Nov 4, 1930 and that death occurred, on the date stated above, at 9:20 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

chr. interstitial Nephritis
Uremia

(duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY (SECONDARY) arterio-sclerosis
 (duration) _____ yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED 1290

NOT AT PLACE OF DEATH

OR AN OPERATION PRECEDE DEATH. DATE OF _____

19. WAS THERE AN AUTOPSY? none

WHAT TEST CONFIRMED DIAGNOSIS none

(Signed) Fred W. Hyger M. D.

Nov 6, 1930 (Address) 914 West Ontario

*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

St. Mary's 11-8 1930

20. UNDERTAKER ADDRESS

O. H. Newcomer's Sons 2111 E. 9th St.

Dr. Fred B. Kuylenberg
914 Medical Arts Bldg
2-14