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

1. PLACE OF DEATH
County Jackson — Registration District No. 404 — File No. 1696
Township ~~Kxx~~ Washington — Primary Registration District No. 5558 — Registered No. 1
City ~~Kansas City~~ (No. 89th. and Prospect Ave St. Ward)

2. FULL NAME Franklin Cook Neblock
(a) Residence. No. 89th. and Prospect Ave. St. Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 12 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 Mrs. Louise Neblock

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 17, 1857

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
73	9	14	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Laborer 237
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY) Illinois

PARENTS
10. NAME OF FATHER David Neblock
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Scotland
12. MAIDEN NAME OF MOTHER Anna Peltz
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Dont know

14. INFORMANT Mrs. Louise Neblock
(Address) 89th. and Prospect, K.C. Mo.

15. FILED 1-6-30, 1931 Fred R. Sindsey REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 4th 1931

17. I HEREBY CERTIFY, That I attended deceased from Jan 3rd, 1931, to Jan 4th, 1931, that I last saw him alive on Jan 3rd, 1931, and that death occurred, on the date stated above, at 7 00 A.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cerebral Hemorrhage
82 A
10 [illegible]
(duration) yrs. mos. 1 ds.

CONTRIBUTORY (SECONDARY) Hypertension
(duration) 4 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? No DATE OF X
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS?
Signed [illegible] G. Haworth, M. D.
1/4 1931 (Address) 7002 Prospect

*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
Weir City, Kansas	1/6/31 19
20. UNDERTAKER	**ADDRESS**
Freeman Mortuary, Kansas	City, Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.
REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH
County Jackson — Registration District No. 404 — File No.
Township Washington — Primary Registration District No. 5558 — Registered No. 1
City (No. St. Ward)

2. FULL NAME Franklin Cook Neblock
(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: M
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): M

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Mrs Louise Neblock

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mar 17 - 1857

7. AGE: Years 73 — Months 9 — Days 17 — If LESS than 1 day, hrs. or min.

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

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Illinois

PARENTS
10. NAME OF FATHER: David Neblock
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Scotland
12. MAIDEN NAME OF MOTHER: Anna Peltz
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Dont know

14. INFORMANT: Mrs Louise Neblock
(Address) 89th & Prospect K.C. Mo

15. FILED 1-6, 1931 R.F. Brainard REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 4 1931

17. I HEREBY CERTIFY, That I attended deceased from Jan 3, 1931 to Jan 4, 1931 that I last saw him alive on Jan 3rd, 1931, and that death occurred, on the date stated above, at 7 o'c a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cerebral hemorrhage
(duration) yrs. mos. 1 ds.

CONTRIBUTORY (SECONDARY) Hypertension
(duration) 4 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?
(Signed) K. G. Haworth, M. D
1/4, 1931 (Address) 7002 Prospect

*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: Weir City. Kansas — DATE OF BURIAL 19

20. UNDERTAKER: Freeman Mortuary — ADDRESS: Kans City Mo.

SUPPLEMENTARY

S-1696