

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

Do not use this space.

21550

1. PLACE OF DEATH

County Jackson
Township Kaw
City K.C. Mo.

Registration District No. 338

File No. _____
Registered No. 235
St. _____ Ward _____

2. FULL NAME

(a) Residence. No. 2607 Montzelle St. Ward. 11
(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 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 Emilie Negeher

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 25 - 1875

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
56 4 22

8. OCCUPATION OF DECEASED B. M. M. Messenger Service
(a) Trade, profession, or particular kind of work
(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) Germany

10. NAME OF FATHER Sebastian J. Negeher

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

12. MAIDEN NAME OF MOTHER Bereng Engelberger

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

14. INFORMANT Emilie Negeher
(Address) 2607 Montzelle Ave

15. FILED June 19 1931 M. M. Cronin REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15. DATE OF DEATH (MONTH, DAY AND YEAR) June - 17 - 1931

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 3 AM m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Pneumonia

107 A (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Primum
107 A (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH No

DID AN OPERATION PRECEDE DEATH? No DATE OF _____
WAS THERE AN AUTOPSY? Yes

WHAT TEST CONFIRMED DIAGNOSIS? autopsy
(Signed) Stanley H. Halden
Deputy Coroner

*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 Abbey at Forest Hill DATE OF BURIAL June 19 1931

20. UNDERTAKER Mrs. L. L. Forster ADDRESS K. C. Mo.

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Handwritten notes or scribbles, possibly including the number '10' and some illegible characters.