

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

Do not use this space.

4465-A,
~~55-21~~

1. PLACE OF DEATH

County Holt
 Township Clay
 City _____ (No. _____)

Registration District No. 371
 Primary Registration District No. 5519

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

2. FULL NAME

(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. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE W 5. ~~SINGLE, MARRIED, WIDOWED OR~~
~~DIVORCED (Write the word)~~

5A. IF MARRIED, WIDOWED, OR DIVORCED
 HUSBAND OF (OR) WIFE OF John Neleh

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 5-10-1853

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
78 | 9 | 3

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Huffer
 (b) General nature of industry, business, or establishment in which employed (or employer) _____
 (c) Name of employer Upon Hill

9. BIRTHPLACE (CITY OR TOWN AND STATE OR COUNTRY) Frankfort, Kentucky

10. NAME OF FATHER Daniel Striatt

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

12. MAIDEN NAME OF MOTHER Martha Ackworth

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

14. INFORMANT Mr. Roy N. Neleh
 (Address) Maitland, Mo.

15. FILED W. D. Campbell REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 2-23 1932

17. I HEREBY CERTIFY, That I attended deceased from 2-12 1932, to 2-23 1932, that I last saw him alive on 2-23 1932, and that death occurred, on the date stated above, at 7 A.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pneumonia
570
Subacute
 (duration) _____ yrs. mos. da.
 CONTRIBUTOR (SECONDARY) Rheumatism
Several years
 (duration) _____ yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH, _____

DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____

WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) E. M. F. Kelly, M. D.
23, 1932 (Address) Richwood, Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL 15 of P Cemetery DATE OF BURIAL 2/25 1932

20. UNDERTAKER Campbell Funeral Home ADDRESS Maitland, Mo.

W. D. Campbell

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

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.

AUG 20 1932

PARENTS

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