

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

Do not use this space.

9095

1. PLACE OF DEATH

56 County Pettis Registration District No. 480
Township Dublin Primary Registration District No. 5645 File No.
City (No.) St. Ward) Registered No. 4

2. FULL NAME William H. Neihaus

(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 63 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		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 17th 1858		
7. AGE YEARS 73	MONTHS 3	DAYS 17
		If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	
	10. Date deceased last worked at this occupation (month and year) 1932	11. Total time (years) spent in this occupation 52
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Quincy, Ill. <u>2</u>		
MOTHER	13. NAME William Neihaus	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany <u>10</u>	
	15. MAIDEN NAME Marie Menke	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany	
17. INFORMANT Geo. Fohrman (ADDRESS) La Grange, Mo.		
18. BURIAL, CREMATION, OR REMOVAL PLACE Midway DATE Mar. 6th 19 32		
19. UNDERTAKER A. A. Roberts (ADDRESS) La Grange, Mo.		
20. FILED <u>March 6, 1932</u> <u>W. H. Allen</u> Registrar.		

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 4, 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec, 1921, to March 4, 1932
I last saw him alive on March 1, 1932 Death is said to have occurred on the date stated above, at 5 A. m.
The principal cause of death and related causes of importance were as follows:
Chronic nephritis Date of onset
131
82A/31

Other contributory causes of importance:
Apolety in Dec, 1831 (1)

Name of operation none Date of
What test confirmed diagnosis? Urinal Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury 19.....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) W. H. Allen, M. D.
(Address) La Grange 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.

APR 27 1932

