

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

Do not use this space.

9286 *2*

1. PLACE OF DEATH
 66 County *Miller* Registration District No. *565*
 Township *Keize* Primary Registration District No. *5761A*
 City *Neuman* (No. _____ St. _____ Ward _____)
 2. FULL NAME *Virginia F. Bear*
 (a) Residence, No. _____ St. _____ Ward _____
 (Usual place of abode)
 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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <i>Female</i>	4. COLOR OR RACE <i>white</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>widow</i>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OR (OR) WIFE OF <i>Henry Bear</i>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>Mar. 15 - 1848</i>		
7. AGE <i>84</i>	YEARS <i>84</i>	MONTHS <i>3</i>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>House Keeper</i>		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)		11. Total time (years) spent in this occupation
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Hart Co. Kentucky</i>		
13. NAME <i>Daniel Livingston</i>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Unknown</i>		
15. MAIDEN NAME <i>Prothemia Parish</i>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Unknown</i>		
17. INFORMANT <i>Mrs. Lucy Rateliff</i> (ADDRESS) <i>Neuman, Mo</i>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <i>Neuman, Mo</i> DATE <i>3/21 32</i>		
19. UNDERTAKER <i>B. F. Casey</i> (ADDRESS) <i>Neuman, Mo</i>		
20. FILED <i>3/20 1932</i> <i>R. A. Stenhouse</i> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *3/18 32*

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.

I last saw him alive on _____, 19____. Death is said to have occurred on the date stated above, at *5:30* m.

The principal cause of death and related causes of importance were as follows:

Broncho Pneumonia
11A
107A
11A

Other contributory causes of importance:
Influenza

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

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. A. von Krumpholtz*, M. D.
 (Address) *Neuman, 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.

20/00