

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

Do not use this space.

18742

1. PLACE OF DEATH

County Buchanan Registration District No. 85
Township _____ Primary Registration District No. 1001
City St. Joseph, (No. 2820 Frederick Boulevard, St. _____ Ward)

File No. _____
Registered No. 577

2. FULL NAME Chris Neipp,

(a) Residence, No. 2820 Frederick Blv'd. Ward. _____
(Usual place of abode)
Length of residence in city or town where death occurred 24 yrs. mos. ds. How long in U. S., if of foreign birth? 55 yrs. mos. ds. (If nonresident, give city or town and State)

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 Katie Neipp,

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 12, 1865/863

7. AGE YEARS 68 MONTHS 7 DAYS 2 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Banking, 131
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Morris plan Co.
10. Date deceased last worked at this occupation (month and year) June 1932. 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) Wurtemberg, (STATE OR COUNTRY) Germany,

MOTHER 13. NAME Christian Neipp,

14. BIRTHPLACE (CITY OR TOWN) Unknown, (STATE OR COUNTRY) Germany,

15. MAIDEN NAME Ursula Strawn,

16. BIRTHPLACE (CITY OR TOWN) Unknown, (STATE OR COUNTRY) Germany,

17. INFORMANT Mrs. Chris Neipp, (ADDRESS) 2820 Frederick Boulevard

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Olivet Home DATE June 16 1932

19. UNDERTAKER Heaton, Bell & Brauman, (ADDRESS) 319 N. 10th

20. FILED JUN 15 1932 John K. Bender Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 14, 1932

22. I HEREBY CERTIFY That I attended deceased from May 1 1932, to June 14 1932
I last saw h. m. alive on June 13 1932 Death is said to have occurred on the date stated above, at 9:30 a.m.
The principal cause of death and related causes of importance were as follows:

coronary occlusion
12:00 9/4/32
Other contributory causes of importance: arteria s. clava. ①

Name of operation cholecystomy (Removal) Date of May 9-32
What test confirmed diagnosis? Chemical test 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? no
If so, specify _____
(Signed) H. K. Walker, M. D.
(Address) 301 N. E. St. Joseph Mo

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.

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COMMUNICATIONS SECTION

Dr. JAMES STEWART,
SPECIAL AGENT,

JEFFERSON CITY, MISSOURI,

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
WASHINGTON

85

#2

18742

Dear Sir:

It is essential that death certificates be complete in every particular in order that proper classification may be made. You are therefore requested to make every effort to obtain the following information, indicated by check marks, lacking from the death certificate.

577.

Name: _____

Who died at _____

St. Chris Neiff
St. Joseph, Mo.

on _____

June 14, 1932

Residence: No. _____

St. _____

(If nonresident, city or town)

Length of residence in city or

town where death occurred: Years _____

Months _____

Days _____

Sex _____

Color or race _____

Single, married, widowed or divorced: _____

Date of birth _____

Age: Years _____

Months _____

Days _____

Occupation: (a) Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

(b) Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation: Month _____

Year _____

Birthplace (State or Country) _____

Birthplace of father (State or Country) _____

Birthplace of mother (State or Country) _____

Principal cause of death: _____

gall stones

coronary occlusion

Other contributory causes of importance _____

arteriosclerosis

Name of operation _____

gall stones

Date of _____

What test confirmed diagnosis? _____

Was there an autopsy? _____

no

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.

