

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.

JUN 9 2 1932

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

Do not use this space.

18925

1. PLACE OF DEATH Cape Girardeau
 16 County Madison Registration District No. 131
 Townshp. Grand Primary Registration District No. 5782
 City (No. Route 1, Cape Girardeau Mo) St. _____ Ward _____
 2. FULL NAME Miss M. M. Neidling
 (a) Residence, No. Egypt Mills Mo 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. _____ ds. How long in U. S., if of foreign birth? _____ yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
 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 Mr M. M. Neidling
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 10 - 1863
 7. AGE YEARS 69 MONTHS 3 DAYS 6 If LESS than 1 day, _____ hrs. or _____ min.
 OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 239
 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) Egypt Mills Mo
 FATHER
 13. NAME Gas Schatte
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany
 MOTHER
 15. MAIDEN NAME Caroline Tueder
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany
 17. INFORMANT Lawrence Neidling
 (ADDRESS) Egypt Mills Mo
 18. BURIAL, CREMATION, OR REMOVAL
 PLACE Egypt Mills Comp DATE June 5 1932
 19. UNDERTAKER Central News
 (ADDRESS) Cape Girardeau Mo
 20. FILED June 10 1932 Oliver Muller
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 2 1932
 22. I HEREBY CERTIFY That I attended deceased from Feb 18 1932, to June 2 1932
 I last saw her alive on June 2 1932 Death is said to have occurred on the date stated above, at 8:30 a.m.
 The principal cause of death and related causes of importance were as follows:
Scarlet Fever
59
710 59
 Other contributory causes of importance:
Anemia
 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) O. J. Miller _____ M. D.
 (Address) Cape Girardeau Mo

Date of case

