

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

Do not use this space.

1. PLACE OF DEATH

County *Franklin*
Township *Scotts Bluff*
City *Temple* (No.)

Registration District No. *288*
Primary Registration District No. *4192*

File No. *16173*
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. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *F* 4. COLOR OR RACE *W.* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *married*
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *Charlie Field*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *about 17*
7. AGE YEARS MONTHS DAYS If LESS than 1 day hrs. min. *birth deposited on*

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Housewife*
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) *Mo*

13. NAME *Groovy Neldow*
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Indiana*

15. MAIDEN NAME *Minnie Neldow*
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Mo*

17. INFORMANT (ADDRESS) *Charlie Field*

18. BURIAL, CREMATION, OR REMOVAL PLACE *County Hazard, Mo* DATE *May 6, 1933*

19. UNDERTAKER (ADDRESS) *County Hazard, Mo*

20. FILED *May 15, 1933* *Thelud Davis* Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *May 13, 1933*
22. I HEREBY CERTIFY That I attended deceased from *May 15, 1933* to *May 15, 1933*
I last saw h. *alive on May 12, 1933* Death is said to have occurred on the date stated above, at m.
The principal cause of death and related causes of importance were as follows:

Chronic Malaria
38
Other contributory causes of importance

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 *Thelud Davis* M. D.
(Signed) *Thelud Davis* (Address) *County Hazard, Mo*

MARGIN RESERVED FOR BINDING

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.

JUN 22 1933

20-1-29

