

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

Do not use this space.

**1. PLACE OF DEATH**

39 County Greene Registration District No. 318 File No. 16295  
 3 Township ..... Primary Registration District No. 2001 Registered No. 423  
 5 City Springfield (No. Baptist Hospital) St. .... Ward)

**2. FULL NAME**

(a) Residence, No. Greentown 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 Male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Narcissus Peleaf

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 21, 1845

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
87 7 3

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. farmer

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) Marion County Arkansas

13. NAME Nimrod Teaff

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

15. MAIDEN NAME Nancy Magness

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

17. INFORMANT H. L. Teaff  
 (ADDRESS) Springfield Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Wentworth Cemetery DATE May 25, 1933

19. UNDERTAKER Galbraith Undertaking  
 (ADDRESS) Ash Grove Mo.

20. FILED 5-25-1933 R. W. Langston  
 Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 24, 1933

22. I HEREBY CERTIFY, That I attended deceased from May 21, 1933, to May 23, 1933

I last saw him alive on May 23, 1933 Death is said

to have occurred on the date stated above, at 1:45 a. m.

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

Arteriosclerosis  
CHD  
82 W  
 Other contributory causes of importance:

Cerebral Hemorrhage

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 Robert Shym, M. D.

(Signed) A. Springfield (Address) Springfield

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

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