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.

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

Do not use this space.

16477 1962

File No. .....

Registered No. .....

1. PLACE OF DEATH

County Jackson — Registration District No. .....

Township Kaw — Primary Registration District No. .....

City Kansas City (No. St. Luke's Hospital St. ..... Ward)

2. FULL NAME George N. Neff

(a) Residence. No. Woodlea Hotel St., ... Ward. ..... (If nonresident give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs. Nellie Elmyra Neff

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 6, 1861

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	71	10	29	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Publisher

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Winchester
(STATE OR COUNTRY) Indiana

PARENTS

10. NAME OF FATHER Andrew J. Neff

11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Ohio

12. MAIDEN NAME OF MOTHER Ann Chaffee

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Ohio

14. INFORMANT Mrs. Geo. N. Neff
(Address) Woodlea Hotel Kansas City, Mo

15. FILED May 6, 1933 M. M. Crowe Asst REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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16. DATE OF DEATH (MONTH, DAY AND YEAR) April 4, 1933

17. I HEREBY CERTIFY, That I attended deceased from April 24, 1933, to May 4, 1933, that I last saw him alive on May 4, 1933, and that death occurred, on the date stated above, at 11:30 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Auriculo-ventricular (Heart) Block

(duration) 5 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Cerebral Edema

(duration) ..... yrs. ..... mos. 5 ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? .....

DID AN OPERATION PRECEDE DEATH? No DATE OF .....

WAS THERE AN AUTOPSY? Yes - F.C. Helwig St. Lukes Hosp. K.C. Mo.

WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) R. Bohan, M. D

, 19 (Address) Mid Arch Bldg KC Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, ~~CREMATION, OR REMOVAL~~	DATE OF BURIAL
Forest Hill Cemetery	May 6 1933
20. UNDERTAKER	ADDRESS 3235
Stine & McClure	Gillham Plaza