

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 23 1933

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

Pollard
Do not use this space.

17400

1. PLACE OF DEATH
 County Pelliss Registration District No. 668
 Township _____ Primary Registration District No. 3032
 City Sedalia (No. 1107, So. Tamm) St. _____ Ward _____

2. FULL NAME Edward Neckmann
 (a) Residence, No. 1107 So. Tamm 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.

File No. _____
 Registered No. 129

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 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 Emma Neckmann

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 29 1847

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<u>85</u>	<u>4</u>	<u>12</u>	

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

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 _____

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 11 1933

22. I HEREBY CERTIFY, That I attended deceased from May 1929, to May 11 1933

I last saw him alive on May 11 1933 Death is said to have occurred on the date stated above, at 10 P. m.

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

Acute Gastritis
due to indigested beef
116

Other contributory causes of importance:
118

Date of onset _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany mo

MOTHER FATHER

13. NAME John Neckmann

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

15. MAIDEN NAME Not known

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

17. INFORMANT (ADDRESS) Mrs Edward Neckmann
1107 S Tamm Sedalia Mo

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Crown Hill DATE 5-16-33

19. UNDERTAKER (ADDRESS) Mississippi Funeral Home
Sedalia Mo

20. FILED 5-16-33 J. F. LOVE
 Registrar.

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? No
 If so, specify _____

(Signed) A. L. Rollard, M. D.
 (Address) Sedalia, Mo.

