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.

85

File No. 35702

Registered No. 1081

1. PLACE OF DEATH

County Buchanan — Registration District No. ____

Township ____ — Primary Registration District No. 1001

City St. Joseph, (No. 1526 North 10th. St. ____ Ward)

2. FULL NAME Harold Wilson Neidig,

(a) Residence, No. 1526 North 10th. St., ____ Ward. ____
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 28 yrs. 4 mos. 7 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	Single,

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 26, 1905

7. AGE Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
28	4	7	

OCCUPATION

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

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

10. Date deceased last worked at this occupation (month and year) Nov. 1933

11. Total time (years) spent in this occupation ____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Saint Joseph, Missouri,

FATHER

13. NAME Charles Neidig

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Warsaw, Indiana,

MOTHER

15. MAIDEN NAME Mamie A. Curtis,

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Springfield, Missouri,

17. INFORMANT Mrs Mamie A. Carey
(ADDRESS) 1526 North 10th. Street,

18. BURIAL, CREMATION, OR REMOVAL
PLACE St. Jo. Mem. Park DATE Nov. 6th. 1933

19. UNDERTAKER Heston-Bessole & Baumann
(ADDRESS) 519 So. 10th. St. Funeral Home

20. FILED 11-6-1933 John R Bender Jr
Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 3, 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov 4, 1932, to Nov 3, 1933

I last saw him alive on Nov 3, 1933. Death is said to have occurred on the date stated above, at 3 p.m.

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

	Date of onset
Chr. Vulvular Heart Dis.	9/32
92 A	
93 C	
11 B	
Other contributory causes of importance:	
Influenza	9/32
Chr. Myocarditis	9/32

Name of operation ____ Date of ____

What test confirmed diagnosis? Clinical Was there an autopsy? No

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 R Zimmerman, M. D.

(Address) St. Joseph, Mo