

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

Do not use this space.

1. PLACE OF DEATH

County Sullivan
Township Taylor
City Hampden Springs (No.)

Registration District No. 85-1
Primary Registration District No. 6119

File No. 22894
Registered No. 15- St. Ward

2. FULL NAME

Mrs Alvera Ann Neet

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 3, 1861

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
72 8 4

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home wife
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) Ind.

13. NAME Jos. Hamilton Caswood

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

15. MAIDEN NAME Barbra. Whitney

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

17. INFORMANT Wm S Neete (ADDRESS) Hampden Springs Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Zion DATE June 9, 1934

19. UNDERTAKER Wm S Neete (ADDRESS) Hampden Springs Mo

20. FILED June, 1934 Cordelia Shore Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 7, 1934

22. I HEREBY CERTIFY, That I attended deceased from April 29, 1934, to June 7, 1934. I last saw her alive on June 7, 1934. Death is said to have occurred on the date stated above, at 4:10 P. m.

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

apoplexy
Q2A
W W W
Other contributory causes of importance:
Date of onset 4-29-34

Name of operation none 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) E. H. Puller, M. D.
(Address) Strenton, Mo

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 27 1934

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