

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

Do not use this space.

SEP 18 1935

25550

1. PLACE OF DEATH

County Bates Registration District No. 366
Township Spring Primary Registration District No. 5091
City (No.) St. Ward

File No.

Registered No. 4

2. FULL NAME Clara Neetzerode

(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. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 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 Rula Neetzerode

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 19/63

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
71 2 6

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

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 always

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Peoria

13. NAME Clara Neetzerode

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know

15. MAIDEN NAME Carolina Lunsdale

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know

17. INFORMANT (ADDRESS) John Neetzerode

18. BURIAL, CREMATION, OR REMOVAL PLACE Virginia DATE August 28, 1935

19. UNDERTAKER (ADDRESS) Wath & Paul

20. FILED Aug 30 1935 Grace V. Odneal Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 25, 1935

22. I HEREBY CERTIFY, That I attended deceased from Aug 25, 1935 to Aug 25, 1935
I first saw him alive on Aug 25, 1935. Death is said to have occurred on the date stated above, at 9:30 PM.

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

Myocardial Regurgitation of Heart.

Other contributory causes of importance

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

(Signed) E. M. Griffiths, M. D.

(Address) Creighton, Mo

WRITE PLAINLY, WITH UNFADING INK

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.

