

AUG 1 1936

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

Do not use this space.

25874

1. PLACE OF DEATH
County Cedar Registration District No. 163
Township Box Primary Registration District No. 5228
City (No. St. Ward)

2. FULL NAME EMORY NEIHART
(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 male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF Anna Neihart (or WIFE OF)

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 28 1873

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
62 10 5

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

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

13. NAME Jacob Neihart

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

15. MAIDEN NAME Mary Hosteter

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

17. INFORMANT O. D. Brown (ADDRESS) Eldorado Springs, Mo.,

18. BURIAL, CREMATION, OR REMOVAL PLACE City (cem) DATE 7/4/1936

19. UNDERTAKER Gwinn Siders (ADDRESS) Eldorado Springs, Mo.

20. FILED 7/3/1936 J. W. Dawson Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7/3/1936, 19

22. I HEREBY CERTIFY, That I attended deceased from June 17, 1936, to June 29, 1936. I last saw him alive on June 29, 1936. Death is said to have occurred on the date stated above, at 5 A.M.

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

Arteriosclerosis Date of onset

Other contributory causes of importance: 99

Name of operation None Date of None
What test confirmed diagnosis? None 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) J. R. Williams, M. D.
(Address) Eldorado Springs, Mo.

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.

WHITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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