

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.

SEP 18 1936

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

Do not use this space.

30018

1. PLACE OF DEATH

County Buchanan,

Registration District No. 85

Township

Primary Registration District No. 1001

City St. Joseph, (No. 1306 North 3rd.)

St. Ward

File No. 1124

Registered No. 1124

2. FULL NAME Carrie Ellen Neudorff,

(a) Residence, No. 1306 North 3rd. St. Ward.

(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

MEDICAL CERTIFICATE OF DEATH

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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 19, 1936

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

22. I HEREBY CERTIFY, That I attended deceased from

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 11, 1869

....., 19....., to....., 19.....

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 67 5 18

I last saw h..... alive on....., 19..... Death is said

to have occurred on the date stated above, at 10:00 a.m.

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

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

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

Chronic Myocarditis Date of onset

10. Date deceased last worked at this occupation (month and year) August 1936. 11. Total time (years) spent in this occupation 46

Other contributory causes of importance: no facts

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hartford, Kansas,

Name of operation..... Date of.....

13. NAME Unknown,

What test confirmed diagnosis?..... Was there an autopsy?.....

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown,

23. If death was due to external causes (violence), fill in also the following:

15. MAIDEN NAME Unknown,

Accident, suicide, or homicide?..... Date of injury....., 19.....

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown,

Where did injury occur?..... (Specify city or town, county, and State)

17. INFORMANT (ADDRESS) Walter G. Neudorff 1617 Ashland Avenue

Specify whether injury occurred in industry, in home, or in public place.

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE Sept 2 1936

Manner of injury.....

Nature of injury.....

19. UNDERTAKER (ADDRESS) Stratton-Belale-Bauman 19 So. 10th St. Funeral Home

24. Was disease or injury in any way related to occupation of deceased? If so, specify

20. FILED Aug 31, 1936 Nestlebusch Registrar

(Signed) J. J. Thomas Brown, M. D.

(Address) 731 Jarason

