

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

Do not use this space.

FEB 23 1937

File No. 4526
Registered No. 1
St. _____ Ward _____

1. PLACE OF DEATH

County Saline
Township Salt Creek
City _____ (No. _____)

Registration District No. 801
Primary Registration District No. 6044

2. FULL NAME

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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan - 2 - 1937

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

22. I HEREBY CERTIFY That I attended deceased from June 3rd 1926 to Nov 11 1926

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec - 9 - 1911

I last saw him alive on Nov 11 1926 Death is said to have occurred on the date stated above, at 4⁰⁰ A. M.

7. AGE YEARS 25 MONTHS — DAYS 25 If LESS than 1 day, hrs. or min.

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

Hodgkin's disease

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

Other contributory causes of importance:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Saline County Missouri

FATHER 13. NAME Martin Neume

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Saline County Missouri

MOTHER 15. MAIDEN NAME Ellen Schelp

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lafayette Co Missouri

17. INFORMANT Edmund Neume (ADDRESS) Swart Springs Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Lutheran Cross Cemetery DATE Jan - 4 - 1937

19. UNDERTAKER A. F. Deussen (ADDRESS) Concordia Mo

20. FILED 1-2 1937 Rose C. Harrison Registrar

Name of operation cray blood Date of _____
What test confirmed diagnosis? _____ 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) C. H. Van Pelt M. D.
(Address) Buonville Mo

N. B.—Every item of information should be carefully supplied. Exact statement of OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified.

