MAY 31 1937

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

Do not use this space.

1. PLACE OF DEATH
97 County Saline
Township Arrow Rock
City ..... (No. ....., ... St. ..... Ward)

Registration District No. 7926035
Primary Registration District No. ~~4473~~

File No. 17674
Registered No. .....

2. FULL NAME James Issaac Neff

(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): Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 20th, 1891

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
45	6	22	

OCCUPATION
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) Saline County Missouri

FATHER
13. NAME Oliver Price Neff
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Saline County Missouri

MOTHER
15. MAIDEN NAME Dollie Talbott
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Saline County Missouri

17. INFORMANT (ADDRESS) Oliver P. Neff Napton, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Ridge Park DATE April 14, 1937

19. UNDERTAKER (ADDRESS) P. W. Campbell Marshall, Mo.

20. FILED 4-20, 1937 C. L. Lawless Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 12, 1937

22. I HEREBY CERTIFY, That I attended deceased from April 2, 1937, to April 12, 1937
I last saw him alive on April 11, 1937 Death is said to have occurred on the date stated above, at 6 a.m.
The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia

Date of onset

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Other contributory causes of importance:

General Debility

Name of operation ..... Date of .....
What test confirmed diagnosis? Clinical 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) Richard D. Nuckles, D.O., ~~M.D.~~
(Address) 22½ S Jefferson Marshall, 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.