

JUN 16 1937

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

Do not use this space.

1. PLACE OF DEATH

County Adair  
Township Liberty  
City..... (No. 2)

Registration District No. 978  
Primary Registration District No. 5009

File No. 19288  
Registered No. 4  
St. .... Ward)

2. FULL NAME Maurice Edwin Niece

(a) Residence, No. Norwinger R.F.D. St. .... Ward. ....  
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M. 4. COLOR OR RACE W 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) 1-6-1927

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, .....hrs. or .....min.  
10 4 22

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

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) Pure Air  
(STATE OR COUNTRY) Adair Co. Missouri

13. NAME Willie Niece

14. BIRTHPLACE (CITY OR TOWN) Norwinger  
(STATE OR COUNTRY) Missouri

15. MAIDEN NAME Leoth Schillie

16. BIRTHPLACE (CITY OR TOWN) Norwinger  
(STATE OR COUNTRY) Missouri

17. INFORMANT Willie Niece  
(ADDRESS) Norwinger, Mo. R.F.D.

18. BURIAL, CREMATION, OR REMOVAL PLACE Pratt DATE 5-30-1937

19. UNDERTAKER Dee Kiley  
(ADDRESS) Kirkville Mo.

20. FILED 6-1-37 Ruth Norwinger  
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 28, 1937

22. I HEREBY CERTIFY That I attended deceased from Apr 26 1937 to May 28 1937

I last saw him alive on May 28 1937 Death is said to have occurred on the date stated above, at 9:30 p.m.

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

Encephalitis  
meningitis (cerebral)  
extension infection from sinus operation  
Other contributory causes of importance:  
Chronic infection of sinuses (frontal)

Date of onset  
2.20  
2.20

Name of operation sinus drainage Date of 2/24/37  
What test confirmed diagnosis? X-ray 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 3  
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no  
If so, specify

(Signed) M. McCallum R.D.  
(Address) Kirkville 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.

