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

Do not use this space.

JUN 18 1937

1. PLACE OF DEATH
County: Franklin
Township:
City: Washington, Mo. (No. , St. Ward)

Registration District No. 297 (297)
Primary Registration District No. 3016

File No. 19964
Registered No. 39

2. FULL NAME: Daisy Pasteur Neher

(a) Residence, No. 121 W. Second St., Washington, Mo. Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 19 yrs. 0 mos. 0 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

5A. If ~~MARRIED, WIDOWED, OR DIVORCED~~ ~~HUSBAND OF~~ (OR) WIFE OF: Frank Neher

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Not known

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
66	0	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Housework
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): Fayette, Alabama

FATHER

13. NAME: Dr. James Madisin Pasteur
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Not knwon

MOTHER

15. MAIDEN NAME: Mary J. Terry
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Not known

17. INFORMANT: James Neher
(ADDRESS) W. 5th St., Washington, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Washington, Mo. DATE: May 5, 1937

19. UNDERTAKER: Otto & Co.,
(ADDRESS) Washington, Mo.

20. FILED: May 4, 1937 H. A. May, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): May 3, 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 26, 1937, to May 3, 1937

I last saw her alive on May 3, 1937. Death is said to have occurred on the date stated above, at 4:15 P. M.

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

	Date of onset
Cancer of Uterus	6-15-36

Other contributory causes of importance: None

Name of operation: None Date of:
What test confirmed diagnosis? Physical 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) [illegible], M. D.
(Address) Washington, Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

SEP 6 1949