

SEP 17 1937

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

Do not use this space.

1. PLACE OF DEATH
 36 County Franklin Registration District No. 295-
 Township Meramec Primary Registration District No. 4179
 City Sullivan St. _____ Ward _____
 6 2. FULL NAME Leo Charles Neah
 (a) Residence, No. _____ St. _____ Ward _____
 (Usual place of abode)
 2 Length of residence in city or town where death occurred 16 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

File No. 30621
 Registered No. _____
 St. _____ Ward _____

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) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Georgia Neah
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 4, 1900
 7. AGE YEARS 37 MONTHS 4 DAYS 20 IF LESS than 1 day, _____ hrs. or _____ min.
 OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Barber
 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) Spring Bluff, Mo.
 FATHER 13. NAME Wm Neah
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany
 MOTHER 15. MAIDEN NAME Anna Schmidt
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Union, Mo.
 17. INFORMANT (ADDRESS) Georgia Neah, Sullivan, Mo.
 18. BURIAL (CREMATION), OR REMOVAL PLACE DATE Aug 24, 1937
 19. UNDERTAKER (ADDRESS) Thos W. Blaffer, Sullivan, Mo.
 20. FILED 9/4 1937 E. A. Brantner Registrar

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 24, 1937
 22. I HEREBY CERTIFY, That I attended deceased from April 1, 1937, to Aug 27, 1937
 I last saw him alive on Aug 23, 1937. Death is said to have occurred on the date stated above, at 2:40 A.M.
 The principal cause of death and related causes of importance were as follows:
Arteriosclerosis Progressive Date of onset 5-1-37
930
 Other contributory causes of importance: acute myocarditis 7-15-37
 Name of operation Aut. 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) W. J. Dummer, M. D.
 (Address) Dr. Crut, 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.

