

SEP 22 1937

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

Do not use this space.

1. PLACE OF DEATH

County LundyRegistration District No. 327File No. 30758Township CheltPrimary Registration District No. 4194Registered No. 10City Chelt (No.)St. Ward 2. FULL NAME Nora Jane 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 female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 15 19377. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 0 7 138. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none9. 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) Galt mo13. NAME Walter Neff14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Galt mo15. MAIDEN NAME Helen Lehman16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Milan Mo17. INFORMANT Mrs. Walter Neff (ADDRESS) Galt mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE Galt mo DATE Aug. 30 193719. UNDERTAKER P. K. Paynter (ADDRESS) Galt mo20. FILED 8-29-1937 U. C. Weston Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 28 193722. I HEREBY CERTIFY, That I attended deceased from 8-28-1937 to 8-28-1937I last saw him alive on 8-28-1937. Death is saidto have occurred on the date stated above, at 6:00 p.m.

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

Ileo Colitis Date of onset 8-10-37Other contributory causes of importance: Pertussis 5-10-37Name of operation none 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? noIf so, specify (Signed) U. C. Weston M. D.(Address) Galt, Mo.

WRITE PLAINLY WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

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