

JAN 24 1938

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

Do not use this space.

46502

1. PLACE OF DEATH

County Ripley
Township Shoemaker
City Maylar (No. _____)

Registration District No. 751
Primary Registration District No. 5990

File No. 64
Registered No. 1357
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____ 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 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) Dec 9 1937

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min. 2

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. child at home
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) Maylar Mo

13. NAME Logan L. Neuhoff

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ripley Co Mo

15. MAIDEN NAME Nellie Le Barre

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mineral Sp. Ark

17. INFORMANT (ADDRESS) Logan L. Neuhoff

18. BURIAL, CREMATION, OR REMOVAL PLACE astrach cem DATE Dec 19 1937

19. UNDERTAKER (ADDRESS) none officiated

20. FILED 12/12 1937 H. E. White Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 11 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec 9 1937 to Dec 11 1937. I last saw him alive on Dec 11 1937. Death is said to have occurred on the date stated above, at 8:15 p.m.

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

malformation at birth
no abdominal wall
gas in lower half of abdomen
club feet

Other contributory causes of importance: _____

Name 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? no If so, specify _____

(Signed) H. E. White, M. D.
(Address) Maylar 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.

WRITE PLAINLY, WITH UN-DOUBTING INK—THIS IS A PERMANENT RECORD

