

REC'D APR 22 1938

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

Do not use this space.

1. PLACE OF DEATH

County Saline  
Township.....  
City Slater (No.....) St..... Ward.....

2  
Registration District No. 799  
Primary Registration District No. HH79

File No. 12209  
Registered No. 13  
St. 3 Ward.....

2. FULL NAME

Walter Neff, 100

(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 Male 4. COLOR OR RACE Black 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs. Nannie Neff

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 12, 1880

7. AGE YEARS MONTHS DAYS if LESS than 1 day, hrs. or min.  
57 11 25

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. R.R. shops

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) Saline Co., Mo.

FATHER

13. NAME Henry Neff

14. BIRTHPLACE (CITY OR TOWN)..... (STATE OR COUNTRY) Don't know

MOTHER

15. MAIDEN NAME Kansas Spears

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

17. INFORMANT (ADDRESS) Nannie Neff, Slater Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Slater Mo DATE Marck, 11, 38

19. UNDERTAKER (ADDRESS) Jones and Salzer, Slater Mo.

20. FILED 7 9 38 W. M. Tuttle Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 7th, 1938

22. I HEREBY CERTIFY, That I attended deceased from April 15, 1937 to March 7, 1938  
I last saw him alive on 3/7, 1938 Death is said to have occurred on the date stated above, at 7.50 P.M.

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

Chronic myocarditis Date of onset 8/10/37

Other contributory causes of importance: Influenza 920

Name of operation none Date of.....  
What test confirmed diagnosis? symptoms Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? no Date of injury none, 19.....  
Where did injury occur? none (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place. none

Manner of injury none  
Nature of injury none

24. Was disease or injury in any way related to occupation of deceased? If so, specify.  
(Signed) J. Caldwell M. D.  
Slater Mo (Address) 709

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 CLEARLY, WITH OMPASSING MARGINS THIS IS A PERMANENT RECORD

