

1939 MAR 3 1939

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

Do not use this space.

1. PLACE OF DEATH

County Stoddard
Township Leopold
City and (No.)

Registration District No. 838
Primary Registration District No. 6098B

File No. 8016
Registered No.
St. Ward)

2. FULL NAME

Thomas Wm. Neese

(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) married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Jeremie Neese
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 4, 1865
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
73 9 25

8. Trade, profession, or particular kind of work done, as splanner, sawyer, bookkeeper, etc. farmer
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 0

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Felton Mo

13. NAME Wm. Neese
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

15. MAIDEN NAME Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT Jeremie Neese
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE and Mo. Burial DATE 11-30

19. UNDERTAKER Walthers Funeral Home
(ADDRESS) and

20. FILED 2/22 1939 D. J. ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 29th 1938

22. I HEREBY CERTIFY, That I attended deceased from April 10 - 1938 to Nov 29 - 1939
I last saw him alive on Nov 28 - 1939 Death is said to have occurred on the date stated above, a 5.9 m.

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

Double Lobar pneumonia
Date of onset

Other contributory causes of importance:
Chronic Paralytic Refractor et Hyper Tenuis

Name of operation Date of
What test confirmed diagnosis? C 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) S. S. Davis M. D.
Registrar (Address) and

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 UNFADING INK—THIS IS A PERMANENT RECORD

1-7704

MAR 25 1947