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.

REC'D MAY 10 1939

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

Do not use this space.

13797

File No. 1551

Registered No.

1. PLACE OF DEATH

County Jackson

Township Kaw

City Kansas City

Registration District No. 399

Primary Registration District No. 1002

(No. Research Hosp. St. Ward)

2. FULL NAME Babe Neiman

(a) Residence, No. Research Hospital Ward. Higginsville Mo.
(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 White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Newborn

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 12, 1939

7. AGE — YEARS — MONTHS — DAYS — If LESS than 1 day, 6 hrs. or min.

OCCUPATION

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

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) Kansas City Miss of Ari

FATHER

13. NAME Frederick Andrew Neiman

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Higginsville, Missouri

MOTHER

15. MAIDEN NAME Alpha Bess Orr

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Callville, Washington

17. INFORMANT (ADDRESS) Frederick Neiman Higginsville, Mo.

18. ~~BURIAL, CREMATION~~, OR REMOVAL PLACE Higginsville, Mo. DATE 4-12-1939

19. UNDERTAKER (ADDRESS) Hoefer-Meinershagen Higginsville Mo.

20. FILED Apr 12, 1939 M. M. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 12, 1939

22. I HEREBY CERTIFY, That I attended deceased from 4/12, 1939, to , 1939

I last saw h alive on 4/12 - 12 Noon 1939 Death is said to have occurred on the date stated above, at m.

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

Premature 159

Date of onset

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

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?

If so, specify

(Signed) Ernest M. Moore, M. D.

(Address) Higginsville, Mo.