

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

Do not use this space.

17185 -

85

1. PLACE OF DEATH

County Buchanan
 Township St Joseph
 City St Joseph (No. State Hospital # 2)

Registration District No. 1001
 Primary Registration District No. 1001
 (If nonresident, give city or town and State)

File No. 529
 Registered No. 529
 St. Mo Ward Mo

2. FULL NAME

(a) Residence, No. Kansas City Mo St. Mo Ward Mo
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 0 yrs. 1 mos. 4 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) married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 15, 1858
 7. AGE YEARS 72 MONTHS 7 DAYS 3 If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Stationary Fireman
 (b) General nature of industry, business, or establishment in which employed (or employer) 2:1
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) unknown
 (STATE OR COUNTRY) Indiana

PARENTS
 10. NAME OF FATHER William Neesebroad
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) unknown
 (STATE OR COUNTRY) Indiana
 12. MAIDEN NAME OF MOTHER Rebel McFarren
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) unknown
 (STATE OR COUNTRY) Indiana

14. INFORMANT Mrs Joe H. Neesebroad
 (Address) St. Joe, Mo

15. FILED 5-19- 19 31 John R Bender
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 18th 1931

17. I HEREBY CERTIFY, That I attended deceased from April 19 1931 to May 18 1931
 that I last saw him alive on May 18 1931, and that death occurred, on the date stated above, at 3:45 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cerebral Arteriosclerosis

CONTRIBUTORY (SECONDARY) 97 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

0 DID AN OPERATION PRECEDE DEATH? No DATE OF

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? clinical

(Signed) J. P. Burch M. D.
5/18 1931 (Address) State Hospital # 2

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Kansas City Mo DATE OF BURIAL May 20 1931

20. UNDERTAKER Heaton Begett-Bauman ADDRESS 319 So. 10th St. Joseph 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.

JUN 24 1931

MARGIN RESERVED FOR BINDING

