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

Do not use this space.

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1. PLACE OF DEATH
County Butler — Registration District No. 89 — File No.
Township Poplar Bluff — Primary Registration District No. 5131 — Registered No. 9
City Cm South (No. ... St. ... Ward)

2. FULL NAME Adolph Niederstadt
(a) Residence. No. ... St., ... Ward. (If nonresident give city or town and State)
(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.

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) Oct 8 1858
7. AGE: 70 YEARS, 3 MONTHS, 4 DAYS. If LESS than 1 day, ... hrs. or ... min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Farmer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer
9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Auton Burg, Md
PARENTS
10. NAME OF FATHER Albert Niederstadt
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Hanover Germany
12. MAIDEN NAME OF MOTHER Catharine Dieckmann
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Hessia Germany
14. INFORMANT Esther Niederstadt (Address) Neelyville Mo
15. FILED 1/17/29 Dr B J Cline REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 12 1929
17. I HEREBY CERTIFY, That I attended deceased from Jan 10, 1929, to Jan 12, 1929, that I last saw him alive on Jan 10, 1929, and that death occurred, on the date stated above, at 2 a.m.
THE CAUSE OF DEATH* WAS AS FOLLOWS:
Broncho Pneumonia (duration) yrs. mos. 4 ds.
CONTRIBUTORY (SECONDARY) Influenza (duration) yrs. mos. 4 ds.
18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? Same
DID AN OPERATION PRECEDE DEATH? no DATE OF —
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) J. Ka Harwell, M. D
1/14 1929 (Address) Poplar Bluff, Mo.

*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: Bay Springs — DATE OF BURIAL: Jan 16 1929
20. UNDERTAKER: N T Phelps — ADDRESS: Poplar Bluff 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.