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

Do not use this space.

36417

1. PLACE OF DEATH
County Buchanan — Registration District No. 1001 — File No.
Township — Primary Registration District No. — Registered No. 1340
City St. Joseph, (No. 1405 1/2 South 4th. St. Ward)

2. FULL NAME Anna Neibig,
(a) Residence. No. 1405 1/2 So. 4th. St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 48 yrs. mos. ds. How long in U. S., if of foreign birth? 48 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Female	White	Widowed,

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Unknown, about 1839

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
About 90	Unk.	Unk.	

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

9. BIRTHPLACE (CITY OR TOWN) Tuhm,
(STATE OR COUNTRY) Switzerland,

PARENTS
10. NAME OF FATHER Unknown,
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown,
(STATE OR COUNTRY) Unknown,
12. MAIDEN NAME OF MOTHER Unknown,
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown,
(STATE OR COUNTRY) Unknown,

14. INFORMANT Mrs. Andrew Sheridan
(Address) 1224 South 6th. Street.

15. FILED NOV 22 1929 19 John G. Utz REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov 16 1929

17. I HEREBY CERTIFY, That I attended deceased from Viewed on Oct 16, 1929, to Nov, 19 that I last saw h alive on, 19, and that death occurred, on the date stated above, at 7:30 a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic Myocarditis
93C
97 (duration) 5 yrs. mos. ds.
CONTRIBUTORY (SECONDARY) Arterio Sclerosis
(duration) 5 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? no DATE OF
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) B. W. Todd Coroner, M. D.
11/18 1929 (Address) St Joseph 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	DATE OF BURIAL
Ashland Cemetery,	Nov. 22, 1929
20. UNDERTAKER	ADDRESS
Heaton-Belsole & Bowman Funeral Home	319 S. 10 St.

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.