

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

Do not use this space.

8326

1. PLACE OF DEATH

County Jackson Registration District No. 03 09
 Township Kear Primary Registration District No. 896
 City Kansas City (No. Kansas City gen Hosp St. 6 Ward)

2. FULL NAME

John Neefe
 (a) Residence, No. 3827 Harrison St. 6 Ward. (If nonresident, give city or town and State)
 (Usual place of abode)

Length of residence in city or town where death occurred 7 yrs. 6 mos. 6 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 Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 1-1889

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>51</u>	<u>11</u>	<u>2</u>	

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 36

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) Wausau Wis

13. NAME John Neefe

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Switzerland W. Va.

15. MAIDEN NAME Emma Olrecht

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Richland Center

17. INFORMANT (ADDRESS) Reverend Clerk R.C. Gen. Hosp. P.K.C. Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Maple Hill R.C.H. DATE Mar 3 1932

19. UNDERTAKER (ADDRESS) Bylar Funeral Home

20. FILED 3/3 1932 M.M. Crovins Registrar

2. MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-3 1932

22. I HEREBY CERTIFY, That I attended deceased from 2-17 1932 to 3-3 1932
 I last saw him alive on 3-3 1932 Death is said to have occurred on the date stated above, at 5:15 p.m.
 The principal cause of death and related causes of importance were as follows:

Chronic myocarditis and Chronic nephritis

131 936 / 31

Other contributory causes of importance: (1)

Name of operation none Date of
 What test confirmed diagnosis? 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?
 If so, specify
 (Signed) P.E. Williams M. D.
 (Address) Sup. R.C. Gen. Hosp. P.K.C. 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.

