

DEC 18 1936

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

Do not use this space.

43672

1. PLACE OF DEATH
County Atchison Registration District No. 19
Township Clay Primary Registration District No. 5025
City Rock Port (No. _____) St. _____ Ward _____

2. FULL NAME Maudie Alene Neff
(a) Residence, No. _____ St. _____ Ward _____
(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

SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)			
	<u>Female</u>	<u>White</u>	<u>Married</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR)	7. AGE				
	<u>1-26-1901</u>				
OCCUPATION	8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE, AS SPINNER, SAWYER, BOOKKEEPER, ETC.	9. INDUSTRY OR BUSINESS IN WHICH WORK WAS DONE, AS SILK MILL, SAW MILL, BANK, ETC.			
	<u>Housewife</u>				
	10. DATE DECEASED LAST WORKED AT THIS OCCUPATION (MONTH AND YEAR)	11. Total time (years) spent in this occupation			
MOTHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	<u>Platte Co. Mo</u>			
	13. NAME	<u>Albert Lowme</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	<u>Platte Co. Mo</u>			
	15. MAIDEN NAME	<u>Mary Fugitt</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	<u>Platte Co. Mo</u>			
	17. INFORMANT (ADDRESS)	<u>Roy Neff Rock Port. Mo</u>			
	18. BURIAL CREATION OR REMOVAL PLACE (ADDRESS) DATE	<u>Platte Co. Mo 11-5 '36</u>			
	19. UNDERTAKER (ADDRESS)	<u>Rock Port. Mo</u>			
	20. FILED	<u>12-3-36 Mary J. Chaudlain Registrar.</u>			

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-3-36

I HEREBY CERTIFY that I attended deceased from Oct 1 1936 to Dec 3 1936
I last saw him alive on Dec 3 1936. Death is said to have occurred on the date stated above, at 4:20 p.m.
The principal cause of death and related causes of importance were as follows:
Pertussis Hemorrhage
Date of onset _____

Other contributory causes of importance: _____

Name of operation _____ 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? no
If so, specify _____
(Signed) Chas. J. Suttle M. D.
(Address) Rock Port. Mo

