JUL 27 1937

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

Do not use this space.

1. PLACE OF DEATH
County Cooper — Registration District No. 218 — File No. 23544
Township Boonville — Primary Registration District No. 5298 — Registered No. 39
City ..... (No. ..... St. ..... Ward)

2. FULL NAME Mrs Julia Neef
(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

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Peter Neef

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Sept 5th 1856

7. AGE: 80 YEARS 9 MONTHS 6 DAYS — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: At Home.
10. Date deceased last worked at this occupation (month and year): June 10th 1937
11. Total time (years) spent in this occupation: .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Cooper Co. Mo.

FATHER
13. NAME: John Peter Huth
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

MOTHER
15. MAIDEN NAME: Mary Madeline Back
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

17. INFORMANT (ADDRESS): John Neef Boonville Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Walnut Grove Cem DATE: June 14 1937

19. UNDERTAKER (ADDRESS): Goodman & Boller Boonville Mo

20. FILED: June 14 1937 D. E. Hooper Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): June 11th 1937

22. I HEREBY CERTIFY, That I attended deceased from June 1, 1937, to June 11, 1937
I last saw her alive on June 11, 1937. 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:

Cholecystitis + gallstones

Date of onset

Other contributory causes of importance: Jaundice. 1/6

Name of operation: None Date of: —
What test confirmed diagnosis? clinical 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 1

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify .....
(Signed) Hearn Ravenswood, M. D.
(Address) Boonville. Mo

N. B.—Every item of information should be given in the CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.