NOV 16 1937

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

Do not use this space.

37406

File No.
Registered No. 36

1. PLACE OF DEATH
County Chariton
Township Brunswick
City Brunswick (No. , St. Ward)

Registration District No. 169
Primary Registration District No. 5235

2. FULL NAME CARL WILLIAM NEIDHOLDT

(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: Mall
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs. Cleere Neidholdt

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 4 1874

7. AGE: Years 63 | Months 4 | Days 23 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farming
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) Brunswick Mo.

FATHER
13. NAME Fredrick Neidholdt
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER
15. MAIDEN NAME Matilda Bender
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT Mrs. Chas. Neidholdt
(ADDRESS) Brunswick Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Keytesville Mo DATE Oct 29, 1937

19. UNDERTAKER L Maessel
(ADDRESS) Brunswick Mo

20. FILED Oct 27, 1937 Harry E. Tatum
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 27, 1937

22. I HEREBY CERTIFY, That I attended deceased from July 23, 1937, to Oct 22, 1937
I last saw alive on Oct 22, 1937. Death is said to have occurred on the date stated above, at 1 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Liver	

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

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) Dr. G. N. Lichtenberg
(Address) Salisbury mo