

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

39816
Do not use this space.

DEC 15 1939

1. PLACE OF DEATH
 (a) County Howell Registration District No. 384
 (b) Township Howell Primary Registration District No. 5235
 (c) City Pomona, Mo Rt 2 Street No. _____ St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred 34 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Bertha L. Neff
 (a) Residence, No. Pomona, Mo., Rt. 2 St. 1 (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX fw 4. COLOR OR RACE Wht 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF G. J. Neff

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 16 - 1875

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>64</u>	<u>4</u>	<u>23</u>	

OCCUPATION
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as saw mill, bank, etc. Housewife
 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) Kanadalea, Illinois

FATHER
 13. NAME Wm Herby
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hermann

MOTHER
 15. MAIDEN NAME LeLara Muntip
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Niocolson

17. INFORMANT (ADDRESS) G. J. Neff - Pomona, Mo Rt 2

18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Lawn DATE 11-12-39

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Roberts - West Plains, Mo.

20. FILED 11-12-39 Vida M. SIMONS Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-9-39

22. I HEREBY CERTIFY, That I attended deceased from Jan. 28th, 1939, to 11/9/39, 1939
 I last saw her alive on 11/8/39 Death is said to have occurred on the date stated above, at 2:45 P m.
 The principal cause of death and related causes of importance were as follows:
Hepatic Cirrhosis, Chr.
1246
 Date of onset 9

Other contributory causes of importance:
Myo-carditis, Chr. with Arythmia and high blood pressure.
Nephritis, Chr.

Name of operation ++ 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 _____

24. Was disease or injury in any way related to occupation of deceased? NO
 If so, specify _____
 (Signed) Anthonyburg H. M.D. M. D.
 (Address) West Plains, Mo.

Anthonyburg

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.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.

working under my personal supervision.

RECEIVED

District Health Officer No. 5,

District File Number 1239 4461

Date Filed 12839

Signed

D. D. Roberts

Licensed Embalmer No. 34321

P. O. Address Wash DC

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.