

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

Do not use this space.

17185 -

**1. PLACE OF DEATH**

County Buchanan  
Township St Joseph  
City St Joseph (No. State Hospital # 2)

Registration District No. 85  
Primary Registration District No. 1001

File No. \_\_\_\_\_  
Registered No. 529  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(a) Residence No. Kansas City Mo St. \_\_\_\_\_ Ward. Kansas City Mo  
(Usual place of abode) (If nonresident, give city or town and State)  
Length of residence in city or town where death occurred 0 yrs. 1 mos. 4 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Laura Neesebroad</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Oct 15, 1858</u>		
7. AGE <u>72</u>	YEARS <u>7</u>	MONTHS <u>3</u>
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work. <u>Stationary Fireman</u> (b) General nature of industry, business, or establishment in which employed (or employer) <u>2:9</u> (c) Name of employer _____		

9. BIRTHPLACE (CITY OR TOWN) unknown  
(STATE OR COUNTRY) Indiana

10. NAME OF FATHER William Neesebroad

11. BIRTHPLACE OF FATHER (CITY OR TOWN) unknown  
(STATE OR COUNTRY) Indiana

12. MAIDEN NAME OF MOTHER Rachel Deagan

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) unknown  
(STATE OR COUNTRY) unknown

14. INFORMANT Mrs Joe H. Neesebroad  
(Address) Fl. Mo

15. FILED 5-19- 19 31 John R Bender  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 18<sup>th</sup> 1931

17. I HEREBY CERTIFY, That I attended deceased from April 19, 1931 to May 18, 1931 that I last saw him alive on May 18, 1931, and that death occurred, on the date stated above, at 3:45 P. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Cerebrof Arteriosclerosis

97 (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

CONTRIBUTORY (SECONDARY) 97 (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

18. WHERE WAS DISEASE CONTRACTED  
IF NOT AT PLACE OF DEATH \_\_\_\_\_

0 DID AN OPERATION PRECEDE DEATH? No DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? clinical

(Signed) J. P. Burch, M. D.  
5/18, 1931 (Address) State Hospital # 2

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Kansas City Mo DATE OF BURIAL May 20 1931

20. UNDERTAKER Heaton Begett-Bauman ADDRESS 319 So. 10<sup>th</sup> St Joseph 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.

JUN 24 1931

MAINTAIN RESERVED FOR BIRMING

