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

Do not use this space. 16334

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. 4210

Township St. Louis Primary Registration District No. 1003 Registered No. 4210

City St. Louis (No. 7036 Mitchell Ave St. ..... Ward)

2. FULL NAME Innie J. Neaf

(a) Residence. No. 7036 Mitchell St., 3 Ward. (If nonresident give city or town and State)
(Usual place of abode)

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: Wh
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Thos. M. Neaf

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Mar 10 - 1872

7. AGE: Years 55 | Months 1 | Days 23 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer .....

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Helena Ark

PARENTS
10. NAME OF FATHER: John Grant
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): England
12. MAIDEN NAME OF MOTHER: Mary Teameyer
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Unk

14. INFORMANT: Thomas M Neaf
(Address) 7036 Mitchell

15. FILED MAY 4 1927 19 Mar 6 Starkcoff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): May 3d 1927

17. I HEREBY CERTIFY, That I attended deceased from Jan 2, 1927, to May 3, 1927, that I last saw her alive on May 3, 1927, and that death occurred, on the date stated above, at 5 40 A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Mitral Lesion
92A
130 (duration) yrs. 4 mos. ds.

CONTRIBUTORY (SECONDARY): acute Nephritis
(duration) 2 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) Geo W Becker, M.D.
5-4, 1927 (Address) 3155 So Grand Blvd

*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: St. Anny Normandy | DATE OF BURIAL: May 3 1927

20. UNDERTAKER: Scott Stuart | ADDRESS: 5525 Easton

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.

THIS IS A PERMANENT RECORD

7155 As Found