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

Do not use this space.

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St Louis Mo (No. Barnes Hospital St. ..... Ward)

File No. 25427

Registered No. 7239

2. FULL NAME John Carlton Neat

(a) Residence. No. Winchester Ill St., 12 Ward. Winchester Ill
(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: Male

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: Lillie Neat

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Feb 22 1874

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
54	4	19	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Banker

(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) Ills.

PARENTS

10. NAME OF FATHER: Wm Neat

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

12. MAIDEN NAME OF MOTHER: Alice Comby

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

14. INFORMANT: Mrs Lillie Neat
(Address) Winchester Ills

15. FILED 11 1928 19 Max C Starkloff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

3

16. DATE OF DEATH (MONTH, DAY AND YEAR): 7-11 1928

17. I HEREBY CERTIFY, That I attended deceased from 7-6, 1928, to 7-11, 1928 that I last saw him alive on 7-11, 1928, and that death occurred, on the date stated above, at 6.50 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Myocarditis - Chr

93C Cardiac Hypertrophy

9

693 (duration) 3 yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY): Obesity

Reversal (duration) ..... yrs. ..... mos. ..... ds.

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

8 DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....

WAS THERE AN AUTOPSY? Yes

WHAT TEST CONFIRMED DIAGNOSIS? Autopsy

(Signed) Charles W. Buden, M.D

7/11, 1928 (Address) Barnes Hospital

*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: Winchester Ill

DATE OF BURIAL: 7-12 1928

20. UNDERTAKER: Arthur J Donnelly

ADDRESS: 2039 Wash St

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