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

Do not use this space.

17391

1. PLACE OF DEATH

County ——— Registration District No. 791 File No.

Township ——— Primary Registration District No. 1003 Registered No. 4457

City St. Louis (No. St. Louis Baptist Hospital St. Ward)

2. FULL NAME Nora Elenore Wing

(a) Residence. No. 3817 N. Spaulding Av. Chicago Ill. 21 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Female	White	Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF ———

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 28 1875

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	54	11	5	

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

9. BIRTHPLACE (CITY OR TOWN) Taylorville
(STATE OR COUNTRY) Illinois

PARENTS

10. NAME OF FATHER Jonathan Neel
11. BIRTHPLACE OF FATHER (CITY OR TOWN) ———
(STATE OR COUNTRY) Illinois
12. MAIDEN NAME OF MOTHER Zereda Nichols
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) ———
(STATE OR COUNTRY) Illinois

14. INFORMANT Mrs. Ralph Johnson
(Address) 3817 Spaulding Av. Chicago Ill.

15. FILED 14 19 Max C. Barker REGISTRAR

MEDICAL CERTIFICATE OF DEATH

3

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 3rd 1930

17. I HEREBY CERTIFY, That I attended deceased from Mar 3, 1930 to May 3, 1930 that I last saw her alive on May 3, 1930 and that death occurred, on the date stated above, at 5:20 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Carcinoma of the
53B Urethra & Urinary
53B Bladder

(duration) yrs. 6 mos. ds.

CONTRIBUTORY (SECONDARY)

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH Chicago Ill.
DID AN OPERATION PRECEDE DEATH? Yes DATE OF Mar 4, 30
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Laboratory Diagnosis

(Signed) Johnson C Brauer, M. D.
, 19 (Address) 4518 Washington

*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	DATE OF BURIAL
Mount Lebanon	May 5 1930

20. UNDERTAKER	ADDRESS
Jno R Collins	928 N Grand

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.