

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

Do not use this space.

**1. PLACE OF DEATH**

County St. Louis Registration District No. 784  
 Township St. Louis Primary Registration District No. 9839  
 City St. Louis (No. Basswell & Bobbfree) St. \_\_\_\_\_ Ward \_\_\_\_\_

**26082**

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

**2. FULL NAME**

James Neas  
 (a) Residence. No. Basswell Ave 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 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 Margaret Neas

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 24, 1865

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
65      11      18

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work Woodworker  
 (b) General nature of industry, business, or establishment in which employed (or employer) Hooker & Bolyard  
 (c) Name of employer

**9. BIRTHPLACE (CITY OR TOWN)**

(STATE OR COUNTRY) Germany

**10. NAME OF FATHER**

John Neas

**11. BIRTHPLACE OF FATHER (CITY OR TOWN)**

(STATE OR COUNTRY) Germany

**12. MAIDEN NAME OF MOTHER**

Not known

**13. BIRTHPLACE OF MOTHER (CITY OR TOWN)**

(STATE OR COUNTRY) Germany

**14. INFORMANT**

Margaret Neas  
 (Address) Basswell & Bobbfree

**15. FILED**

July 29, 1931 Dr. Carl J. Kaub  
 REGISTRAR

**3**

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 2 - 1931

17. I HEREBY CERTIFY, That I attended deceased from 4-25-31 to 7-2-31, 1931, that I last saw him alive on July 2 - 1931, and that death occurred, on the date stated above at 5:40 am m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Chronic myocarditis  
Heart Insufficiency

**CONTRIBUTORY (SECONDARY)**

97 (duration) yrs. 2 mos. ds.  
Arterio sclerosis  
 (duration) yrs. mos. ds.

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH no

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

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Phys. & lab. findings  
 (Signed) Dr. W. H. Anderson, M.D.

7-2, 1931 (Address) 7303<sup>rd</sup> Natural Bridge

\*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**

Valley Cemetery July 4, 1931

**20. UNDERTAKER**

ADDRESS

J. J. Quinn 1538<sup>th</sup> 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.

AUG 29 1931

