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.

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

Do not use this space.

39697

1. PLACE OF DEATH

County ..... Registration District No. 79

Township ..... Primary Registration District No. 10

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

File No. .....

Registered No. 11915

2. FULL NAME Chas. E. Neeley

(a) Residence, No. Chase Hotel St., 12 Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 16 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): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Emma King Neeley

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 1851/Jan.28

7. AGE: YEARS 80 MONTHS 9 DAYS 13 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Proprietor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Lumber

10. Date deceased last worked at this occupation (month and year) July, 2, 1931

11. Total time (years) spent in this occupation 50

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Manon Co. Mo.

FATHER

13. NAME: Solomon C. Neeley

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ft. Kincade, Mo.

MOTHER

15. MAIDEN NAME: Esther Carpenter

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ohio

17. INFORMANT (ADDRESS): Mr. McClure 5424 Bartmer

18. BURIAL, CREMATION, OR REMOVAL

PLACE Carlinville Ill DATE Nov. 13 1931

19. UNDERTAKER (ADDRESS): Alexander and Sons 6175 Delmar

20. FILED NOV 28 1931 Max C. Neeley Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11 — 11 — , 1931

22. I HEREBY CERTIFY, That I attended deceased from 7/2/31, 19..., to 11/11/31, 19...

I last saw him alive on 11/11/31, 19... Death is said to have occurred on the date stated above, at 9 30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Metastatic Carcinoma	
53E 53E	

Other contributory causes of importance: Carcinoma of neck

Name of operation Neck dissection Date of 7/4/31

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) L. E. Friedman, M. D.

(Address) Jewish Hospital