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

Do not use this space.
41596

JAN 26 1934

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. ..... File No. .....

City St Louis (No. Deaconess Hosp St. ..... Ward) Registered No. 10616

2. FULL NAME Bessie Grace Neely

(a) Residence, No. 874 Sandifs Place St., 4 Ward. Webster Groves
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 4 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F

4. COLOR OR RACE: N

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: John B Neely

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Oct 6 1886

7. AGE: Years 47 | Months 2 | Days 4 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

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

10. Date deceased last worked at this occupation (month and year):

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

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

FATHER

13. NAME: Conrad B Hacker

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): France

MOTHER

15. MAIDEN NAME: Ellma Whittier

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

17. INFORMANT (ADDRESS): John B Neely 874 Sandifs Place

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Pacific Mo DATE: 12-14- 1933

19. UNDERTAKER (ADDRESS): Louis H Bopp Kirkwood Mo

20. FILED: DEC 11 1933, 19 J F Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

3

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Dec. 10, 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec. 6, 1933, to Dec. 10, 1933

I last saw he alive on Dec. 10, 1933. Death is said to have occurred on the date stated above, at 8 00 p m.

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

	Date of onset
Uremia	12/6/33
130	
132 B	
102	

130

Other contributory causes of importance: Acute Glomerulo-Nephritis with malignant hypertension

Name of operation: None Date of

What test confirmed diagnosis? Clinical 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) Arthur W Wurtz, M. D.

(Address) Webster Groves Mo

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.