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.

JAN 26 1934

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

Do not use this space.

41730

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 003

City St. Louis (No. 702 East Gate Av St. ..... Ward)

File No. .....

Registered No. 10767

2. FULL NAME Mary A. McNeely (McNeely)

(a) Residence, No. 702 East Gate Ave St. 5 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: Female

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: John McNeely

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Oct. 17, 1841

7. AGE: YEARS 92 | MONTHS 1 | DAYS 26 | 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): Camden Ohio

FATHER

13. NAME: Aaron Johnson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): New York

MOTHER

15. MAIDEN NAME: Mary Ann Harriet

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Toronto, Canada

17. INFORMANT (ADDRESS): Stanley D. McNeely 702 East Gate St Louis

18. BURIAL, CREMATION, OR REMOVAL
PLACE St James, Mo. DATE Dec. 16 1933

19. UNDERTAKER (ADDRESS): Croghan Und. Co. inc. 7146 Manchester Ave

20. FILED DEC 15 1933 J. F. Biedeck Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Dec. 13, 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct. 20th, 1933, to Dec. 13th, 1933

I last saw her alive on Nov. 25, 1933 Death is said to have occurred on the date stated above, at 12:30 P.m.

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

Chronic Myocarditis — Date of onset: about 2 yrs.

93C
118C
162

93C

Other contributory causes of importance: Infermities & Chronic Gastritis

Name of operation ..... Date of .....

What test confirmed diagnosis? Physical examination Was there an autopsy? —

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? No

If so, specify .....

(Signed) Julia E. Blaich, M. D.

(Address) 1202 S. Vandeventer Ave