

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.

SEP 26 1935

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

Do not use this space.

27495

1. PLACE OF DEATH
County St. Louis Registration District No. 787
Township Mermac Primary Registration District No. 6037
City Pacific Mo. (No., St. Ward)

2. FULL NAME Sally Neely
(a) Residence, No. Pacific mo St. Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 35 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) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Geo. S. Neely

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 10, 1875

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<u>60</u>	<u>7</u>	<u>13</u>	

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. Own home
10. Date deceased last worked at this occupation (month and year) Aug, 1935 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jacksonville Fla.

FATHER 13. NAME Robert L. Dutton

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not known

MOTHER 15. MAIDEN NAME Katherine Barbee

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not Known

17. INFORMANT Geo. S. Neely (ADDRESS) Pacific, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Pacific Mo. DATE 8/25/35

19. UNDERTAKER Wm. J. Fisher (ADDRESS) Pacific Mo.

20. FILED Aug 24 1935 Miss Fisher

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 23, 1935 19

22. I HEREBY CERTIFY, That I attended deceased from 19....., to 19.....
I last saw her alive on Aug 23, 1935 Death is said to have occurred on the date stated above, at 2:30 A.M.
The principal cause of death and related causes of importance were as follows:

Diabetes Mellitis
Broncho Pneumonia
Date of onset May 23
part
standing
Other contributory causes of importance 8/20/35

Name of operation Date of
What test confirmed diagnosis Chemical 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) W. H. Stember, M. D.
(Address) Pacific Mo.

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