JAN 20 1937

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

731

Do not use this space.

46359

File No. 12145

Registered No.

1. PLACE OF DEATH

County

Registration District No. 1003

Township

Primary Registration District No.

City St. Louis, Mo. (No. Deaconess Hospital St. Ward)

2. FULL NAME Clarice McNeil

(a) Residence, No. St., NR Ward. Salem, Missouri (If nonresident, give city or town and State)
(Usual place of abode)

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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Raymons McNiell

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) December 19th, 1905

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	30	11	20	

OCCUPATION

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

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) Salem, Missouri

FATHER

13. NAME W. J. Bingham

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Salem, Missouri

MOTHER

15. MAIDEN NAME Bertha Mann

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Salem, Missouri

17. INFORMANT Miss Melba Bingham
(ADDRESS) Salem, Missouri

18. BURIAL, CREMATION, OR REMOVAL
PLACE Salem, Mo. DATE December 11, 1936

19. UNDERTAKER Albert H. Hoppe Inc.,
(ADDRESS) 429 N. Euclid Avenue

20. FILED DEC 10 1936 J. Bredeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) December 9th, 1936

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 11 45 m.

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

	Date of onset
Post Abortion,	
Pusulent Endometritis,	
Septicaemia	
170	

Other contributory causes of importance:
Manner and cause of trauma could not be ascertained.

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

What test confirmed diagnosis? ..... Was there an autopsy? Yes

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) Harold [illegible], M. D.

(Address) [illegible]

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.