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.

18595

1. PLACE OF DEATH JUN 12 1937

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City Saint Louis (No. Peoples Hospital St. ..... Ward)

File No. .....

Registered No. 51171

2. FULL NAME Jarvis McNeil

(a) Residence, No. 1127 Aubert Avenue 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 14 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*)
Male	Negro	Divorced

5A. ~~WIFE OF, WIDOW OF~~ HUSBAND OF ~~(OR) WIFE OF~~ Mary McNeil

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 11, 1897

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
39	5	7	

OCCUPATION

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

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

10. Date deceased last worked at this occupation (month and year) May 8, 1937

11. Total time (years) spent in this occupation 14

12. BIRTHPLACE (CITY OR TOWN) Brewton
(STATE OR COUNTRY) Alabama

FATHER

13. NAME John McNeil

14. BIRTHPLACE (CITY OR TOWN) Willmington
(STATE OR COUNTRY) North Carolinia

MOTHER

15. MAIDEN NAME Katie-Unavailable

16. BIRTHPLACE (CITY OR TOWN) Unavailable
(STATE OR COUNTRY) Alabama

17. INFORMANT Leora Brown
(ADDRESS) 4213 Kennerly Avenue

18. BURIAL, CREMATION, OR REMOVAL
PLACE Washington Pk. DATE May 25th, 37

19. UNDERTAKER Charles J. Gates
(ADDRESS) 4107 Finney Avenue

20. DATE MAY 24 1937 19 J. Bredeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 18, 1937

22. I HEREBY CERTIFY, That I attended deceased from May 11, 1937 to May 18, 1937

I last saw him alive on May 18, 1937 Death is said to have occurred on the date stated above, at 1:50 A.M.

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

	Date of onset
Acute Meningo-Encephalitis	

Other contributory causes of importance:

Name of operation Laboratory 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? no

If so, specify .....

(Signed) ..... M. D.

(Address) 822a N. Jefferson