

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

Do not use this space.

AUG - 5 1937

25459

1. PLACE OF DEATH

County..... Registration District No. **791**
Township..... Primary Registration District No. **1003**
City **St. Louis, Mo.** (No. **2721** Washington Ave.) St. _____ Ward _____

File No. _____
Registered No. **6633**
St. _____ Ward _____

2. FULL NAME

Carrie Neely
2721 Washington Ave.

(a) Residence, No. _____ St. **21** Ward. _____ (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

MEDICAL CERTIFICATE OF DEATH

3. SEX **Female** 4. COLOR OR RACE **Colored** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED **Married**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **July, 6th, 1937**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Nathaniel Neely**

22. I HEREBY CERTIFY, That I attended deceased from **July 1 - 1937, to July 6 - 1937**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Sept, 15th, 1904**

last saw her alive on **July 5 - 1937**. Death is said to have occurred on the date stated above, at **1 P. M.**

7. AGE YEARS **33** MONTHS **9** DAYS **21** If LESS than 1 day, _____ hrs. or _____ min.

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

Acute pericarditis

Date of onset

8. OCCUPATION, profession, or particular kind of work done, as spinner, weaver, bookkeeper, etc.

9. BUSINESS, or business in which was done, as silk mill, cotton mill, bank, etc. **domestic**

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

11. Total time (years) spent in this occupation

Other contributory causes of importance: **Arthritis Rheumatic** about 12 days

12. BIRTHPLACE (CITY OR TOWN) **Memphis Tenn** (STATE OR COUNTRY)

MOTHER FATHER 13. NAME **Andrew Brown**

Name of operation _____ Date of _____

14. BIRTHPLACE (CITY OR TOWN) **Tenn** (STATE OR COUNTRY)

What test confirmed diagnosis? _____ Was there an autopsy? _____

MOTHER FATHER 15. MAIDEN NAME **Unknown**

23. If death was due to external causes (violence), fill in also the following:

16. BIRTHPLACE (CITY OR TOWN) **Unknown** (STATE OR COUNTRY)

Accident, suicide, or homicide? _____ Date of injury _____, 19____

17. INFORMANT **Nathaniel Neely** (ADDRESS) **2721 Washington Ave.**

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

18. BURIAL, CREMATION, OR REMOVAL PLACE **Wicks-Watson** DATE **7-12-37** 19____

Manner of injury _____

Nature of injury _____

19. UNDERTAKER **Ellis Funeral Home** (ADDRESS) **1800 Stoddard St.**

24. Was disease or injury in any way related to occupation of deceased? **No**

If so, specify _____

20. FILE **J. Bredeck** Registrar. **10 10 1937**

(Signed) **Dr. Edwards Bell** M. D.

(Address) **2901 E. Washburn Ave.**

CAUSE OF DEATH in plain terms, so that it can be understood by laymen. Exact statement of OCCUPATION is very important.

