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

Do not use this space.

23161

1. PLACE OF DEATH

County ..... Registration District No. 791

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

City St Louis (No. City Hosp. # 2 St. ..... Ward)

File No. .....

Registered No. 6856

2. FULL NAME Johnetta Neal

(a) Residence. No. 2308 Morgan St., 21 Ward. .....
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred life 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: Negro

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word): Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mar. 27 - 1926

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
1	4	0	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Nil

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer: ~~Nil~~

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mo

PARENTS

10. NAME OF FATHER: John Neal

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Not known

12. MAIDEN NAME OF MOTHER: Mary Francis Silvers

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Ark

14. INFORMANT: Anna F. Woodard
(Address) City Hospital #2

15. FILED ....., 19..... Mark Starkoff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 27 1927

17. I HEREBY CERTIFY, That I attended deceased from July 25, 1927 to July 27, 1927 that I last saw her alive on July 27, 1927, and that death occurred, on the date stated above, at 4:45 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Acute nephritis
Cause unknown
13
Not known (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 128 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? Not known

DID AN OPERATION PRECEDE DEATH? No DATE OF .....

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Clinical

(Signed) L. B. Howell, M. D

, 19 (Address) City Hosp. #2

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Washington Park.

DATE OF BURIAL: July 29 1927

20. UNDERTAKER: W. C. Gordon Und. Co

ADDRESS: 2649 Morgan

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.