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.

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

Do not use this space.

37260

1. PLACE OF DEATH

County ..... Registration District No. ..... File No. .....

Township ..... Primary Registration District No. ..... Registered No. 9886

City St Louis Mo. (No. ISOLATION HOSPITAL St. ..... Ward)

2. FULL NAME Esther Neal

(a) Residence, No. 708 So. 18th St St., 22 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 15 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: Colored
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 2, 1897

7. AGE: abt 35 — YEARS — MONTHS — DAYS — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Varied
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Hwk 235
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) Memphis Tenn.

FATHER

13. NAME Mance Douglas
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Nashville Tenn

MOTHER

15. MAIDEN NAME Mattie Woodruff
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Nashville Tenn

17. INFORMANT (ADDRESS) H. J. Ulrich ISOLATION HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
PLACE Washington Park DATE Nov 9 1932

19. UNDERTAKER (ADDRESS) Pope & English 293 Gibson Ave

20. FILED NOV -9 1932 19 Max C Starkey Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) November 5 19..

22. I HEREBY CERTIFY, That I attended deceased from October 25, 1932, to November 5, 19.....

I last saw her alive on November 4, 1932. Death is said to have occurred on the date stated above, at 4:30 a.m.

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

	Date of onset
Tuberculosis of Lungs	4
23 A	1932
25	
23	

Other contributory causes of importance:

Tuberculosis of Intestine	June 19..

Name of operation none Date of .....

What test confirmed diagnosis? Sputum 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 no

(Signed) Henry J. Ulrich M. D.

(Address) ISOLATION HOSPITAL