

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

Do not use this space.

17810

**1. PLACE OF DEATH**

County..... Registration District No. *701*  
 Township..... Primary Registration District No. *1772*  
 City..... (No. *929*) *Brooklyn* St. .... Ward.....  
 File No. ....  
 Registered No. *4764*  
 St. .... Ward.....

**2. FULL NAME** *Savannah Trice*  
 (a) Residence No. *929 Brooklyn* St. *26* Ward.....  
 (Usual place of abode) (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**

**3. SEX** *Female*  
**4. COLOR OR RACE** *Cal*  
**5. SINGLE, MARRIED, WIDOWED OR DIVORCED** (write the word) *Married*  
**5A. IF MARRIED, WIDOWED OR DIVORCED HUSBAND OF (OR) WIFE OF** *Gilbert Trice*  
**6. DATE OF BIRTH** (MONTH, DAY AND YEAR) *Feb. 27 - 1900*  
**7. AGE** YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
*32*      *2*      *14*  
**8. OCCUPATION OF DECEASED**  
 (a) Trade, profession, or particular kind of work *house wife 235*  
 (b) General nature of industry, business, or establishment in which employed (or employer).....  
 (c) Name of employer.....

**9. BIRTHPLACE** (CITY OR TOWN) *Cotton Plant Ark*  
 (STATE OR COUNTRY) *Ark 2*

**10. NAME OF FATHER** *William Grear*  
**11. BIRTHPLACE OF FATHER** (CITY OR TOWN) *Ark*  
 (STATE OR COUNTRY).....  
**12. MAIDEN NAME OF MOTHER** *Lucy Palmer*  
**13. BIRTHPLACE OF MOTHER** (CITY OR TOWN) *Wenona Miss*  
 (STATE OR COUNTRY).....

**14. INFORMANT** *Lucy Grear*  
 (Address) *1011 Howard St*

**15. FILED** *V. B. 191532*  
*W. C. Starkeff*  
 REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

**16. DATE OF DEATH** (MONTH, DAY AND YEAR) *5/11* 19*32*  
**17.** I HEREBY CERTIFY, That I attended deceased from *May 10*, 19*32*, to *May 11*, 19*32*, that I last saw h. w. alive on *May 11*, 19*32*, and that death occurred, on the date stated above, at *9:30 p. m.*

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
*Biliary carcinoma*  
*108*  
*12 1/2* (duration) yrs. mos. ds.  
**CONTRIBUTORY** *Lobar Pneumonia*  
 (SECONDARY) (duration) yrs. mos. ds. *3*

**18. WHERE WAS DISEASE CONTRACTED**  
 IF NOT AT PLACE OF DEATH.....  
 DID AN OPERATION PRECEDE DEATH? DATE OF.....  
 WAS THERE AN AUTOPSY? *no*  
 WHAT TEST CONFIRMED DIAGNOSIS?  
 (Signed) *Thos. A. Lewis* M. D.  
*5/13 - 1932* (Address) *2901 Market St*

**19. PLACE OF BURIAL, CREMATION, OR REMOVAL** *Father Dickson*  
**DATE OF BURIAL** *5/18* 19*32*

**20. UNDERTAKER** *W. Jeffinguel*  
*92 Richardson*  
 ADDRESS *2600*

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

