

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

Do not use this space.

**791
1003**

26701

1. PLACE OF DEATH

County..... Registration District No. **1003**
Township..... Primary Registration District No.
City **St. Louis, Mo** (No. **St. Marys Infern**)

File No.....
Registered No. **6882**
St..... Ward.....

2. FULL NAME

Mrs. Mollie Palmer
(a) Residence, No. **2705. Gable** St. **#4** 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

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 Rev. F. F. Palmer		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 17th 1875		
7. AGE	YEARS	MONTHS
	58	9
		24
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House-wife		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		
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)
Gibson County, Tennessee

FATHER 13. NAME **Ben Mc. Kiegie**

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

MOTHER 15. MAIDEN NAME **Mary Butler**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
Tenn

17. INFORMANT **F. F. Palmer, et**
(ADDRESS) **2705. Gable, St.**

18. BURIAL, CREMATION, OR REMOVAL
PLACE **Father's cimetery** DATE **July 14th 1934**

19. UNDERTAKER **H. O. Houston**
(ADDRESS) **2812 Thomas St.**

20. FILED **Jul 13 1934**
J. J. Bredbeck
Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **July 11th** 19**34**
22. I HEREBY CERTIFY That I attended deceased from **June 26**, 19**34**, to **July 11**, 19**34**.
I first saw h. or alive on **July 11**, 19**34**. Death is said to have occurred on the date stated above, at **4:00** p. m.
The principal cause of death and related causes of importance were as follows:

108
Lobar Pneumonia
97
108 **108**
Date of onset **7-7-34**
Other contributory causes of importance:
Tuberculosis
(Arteriosclerosis)
History 1. yrs

Name of operation **nap. at home** Date of.....
What test confirmed diagnosis? **rapid** Was there an autopsy?.....

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? **no** Date of injury **X**, 19**34**
Where did injury occur? **no**
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury **not using**
Nature of injury **no**

24. Was disease or injury in any way related to occupation of deceased? **no**
If so, specify.....
(Signed) **J. J. Bredbeck**, M. D.
(Address) **2812 Thomas**

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. AUG 15 1934

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

