

Every year or more 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.

NOV 25 1936

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

Do not use this space. ✓

**1. PLACE OF DEATH**

County: St. Louis Registration District No. 333  
 Township: St. Louis Primary Registration District No. 4468  
 City: St. Louis (No. St. Louis)

File No. 27832  
 Registered No. 145  
 St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(a) Residence; No. Judy Trice Ward \_\_\_\_\_  
 (Usual place of abode) S. Kentock, Mo. (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 Negro 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF 2

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 5-17-1864

7. AGE YEARS 72 MONTHS 2 DAYS 0 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife  
 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) unknown

MOTHER 13. NAME unknown

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) 11

15. MAIDEN NAME Ripicca Cathran

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

17. INFORMANT B. Trice (ADDRESS) S. Kentock, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Washington Park DATE 7-20-36

19. UNDERTAKER (ADDRESS) Boyd Bros. Fun. Home  
217 S. Ludlow St. Kentock

20. FILED 7/20 1936 W. A. Zeidler Registrar.

Paul B. Smith

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7/17, 1936

22. I HEREBY CERTIFY, That I attended deceased from 7/7, 1936, to 7/17, 1936.  
 I last saw him alive on 7/16, 1936. Death is said to have occurred on the date stated above, at 10 a. m.  
 The principal cause of death and related causes of importance were as follows:

Carcinoma of Uterus  
and Intestines  
48  
 Other contributory causes of importance:  
but my records  
 Date of onset 1-27-30

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? etc 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 \_\_\_\_\_  
 (Signed) W. R. Butler, M. D.  
 (Address) S. Kentock Mo



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BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

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**1. PLACE OF DEATH**

County St. Louis

Registration District No. 333

File No. ....

Township .....

Primary Registration District No. 4468

Registered No. ....

City Lerguson (No. ....)

St. .... Ward)

**2. FULL NAME**

Lucy Trice

(a) Residence, No. .... St. .... 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**

F

**4. COLOR OR RACE**

Negro

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

Widow

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

**6. DATE OF BIRTH (MONTH, DAY, AND YEAR)**

**7. AGE**

YEARS

MONTHS

DAYS

If LESS than 1 day, specify in minutes.

72

2

0

**OCCUPATION**

**8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.**

**9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.**

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

**11. Total time (years) spent in this occupation**

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

**MOTHER FATHER**

**13. NAME**

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

**15. MAIDEN NAME**

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

**17. INFORMANT (ADDRESS)**

**18. BURIAL, CREMATION, OR REMOVAL**

PLACE

DATE

19

**19. UNDERTAKER (ADDRESS)**

**20. FILED**

7/20 1936 W.A. Zeidler Registrar

Paul Smith

**MEDICAL CERTIFICATE OF DEATH**

**21. DATE OF DEATH (MONTH, DAY, AND YEAR)** 7/17 1936

**22. I HEREBY CERTIFY, That I attended deceased from** ....., 19...., to ....., 19....

I last saw h..... alive on ....., 19.... Death is said to have occurred on the date stated above, at .....

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

Carcinoma of the uterus and Intestines

Primary seat

Other contributory causes of importance: curves

Name of operation..... Date of.....

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

**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.....

(Signed) W.P. Arthur, M. D.  
H. Kerck

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.

SUPPLEMENTAL

CONFIDENTIAL

5-27832