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 18 1936

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

Do not use this space.

1. PLACE OF DEATH
County 3513 Clark Ave Registration District No. 791
Township Primary Registration District No. 1002
City St Louis MO (No. 3513 Clark Ave St. Ward)

File No. 28091
Registered No. 6829

2. FULL NAME Mollie Trice.
(a) Residence, No. 3513 Clark Ave St., 18 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: Colored
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Granater Trice
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): March 20th
7. AGE: 38 YEARS: 1897 MONTHS: 3 DAYS: 12 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
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): Wynn. Arkanses

FATHER
13. NAME: Woodnay Grimm
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Wynn Arkanses

MOTHER
15. MAIDEN NAME: Kate Evans.
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Aberdeen Mississippi.

17. INFORMANT (ADDRESS): Wadies Evans 4131 Cook Ave
18. BURIAL, CREMATION, OR REMOVAL
PLACE Greenwood DATE July 7 1936
19. UNDERTAKER (ADDRESS): ADAMS Undertaking Co 3840 Windsor
20. FILED JUL 7 1936 19 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7 — 2 — 1936

22. I HEREBY CERTIFY, That I attended deceased from June 4, 1936, to 7 - 2 -, 1936
I last saw her alive on July 2, 1936 Death is said to have occurred on the date stated above, at 4 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	

Other contributory causes of importance: JB

Name of operation No 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) J. Purna, M. D.
(Address) 822a N. Jefferson