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.

791

229011

1. PLACE OF DEATH

County..... Registration District No. 1003 File No. 7783

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

City St. Louis (No. City Hospital No. 2 St. ..... Ward)

2. FULL NAME Grace Holman

(a) Residence, No. 4054 Cook St., 11 Ward.
(Usual place of abode) (If nonresident, give city or town and State)

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: Negro

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 22, 1912

7. AGE: Years 23 | Months 9 | Days 28 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

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

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

10. Date deceased last worked at this occupation (month and year) Nov 1936

11. Total time (years) spent in this occupation 5

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Crystal City Mo. Ill.

FATHER

13. NAME William Holman

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Alton Ill.

MOTHER

15. MAIDEN NAME Katie Wilson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Edwardsville Ill.

17. INFORMANT (ADDRESS) Ruby Perdeau 2945 Lawton

18. BURIAL, CREMATION, OR REMOVAL
PLACE Alton Ill. DATE July 23, 1936

19. UNDERTAKER (ADDRESS) Robt. H. Streeper Alton Ill.

20. FILED JUL 22 1936, 19.. J. F. Breden Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 20, 1936

22. I HEREBY CERTIFY, That I attended deceased from 7 - 8 -, 1936, to 7 - 20 -, 1936

I last saw her alive on 7 - 30 -, 1936 Death is said to have occurred on the date stated above, at 9:30 m. A.

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

	Date of onset
Pellagra 62	7-8-36

Other contributory causes of importance:

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

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

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) Jos. B. Hynes, M. D.

(Address) 2946 Lawton