OCT 5 1936

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

Do not use this space.

File No. 35705
Registered No. 9324

Registration District No. 791
Primary Registration District No. 1003

1. PLACE OF DEATH

County .....
Township .....
City St. Louis, Mo. (No. CITY HOSPITAL NO. 2 St. ..... Ward)

2. FULL NAME Marion Rice

(a) Residence, No. 3024 Clark 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 Life mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Female	Negro	Separated

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Charles M. JOHN RICE

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 14, 1916

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
20	7	22	

OCCUPATION

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

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) St. Louis, Mo.

FATHER

13. NAME CLAUDE JOHNSTON ~~Clark Johnson~~

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Mo.

MOTHER

15. MAIDEN NAME Anna Green

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Mo.

17. INFORMANT Esther Mae Sherard
(ADDRESS) 2945 Lawton

18. BURIAL, CREMATION, OR REMOVAL
PLACE GREENWOOD CEM DATE 9-10 1936

19. UNDERTAKER People Mutual Burial Ass'n
(ADDRESS) 3140 FRANKLIN

20. FILED SEP 9 1936, 19 J. F. Bredeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 6, 1936

22. I HEREBY CERTIFY, That I attended deceased from 8-19-, 1936, to 9-6-, 1936

I last saw her alive on 9-6-, 1936. Death is said to have occurred on the date stated above, at 12:15 P. M.

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

	Date of onset
PULMONARY TUBERCULOSIS	8-19-36

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) J. Owen Blache, M. D.
(Address) 2945 Lawton

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.

1 X7044

Bc

by Marriage License dated 2-24-37 St. Louis
John P. English Recorder

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of ..... } ss.
County of ..... }

AFFIDAVIT FOR CORRECTION OF A RECORD

State File No. 35705
Local Registrar's No. 9324

On this 30th day of March, 1949, before me appears Charles M. Rice, who, upon his oath, states that the original record of birth/death for Marion Rice, died/born 9-6-36, 19....., in the State of Missouri, and which was filed at ..... on ....., 19....., should be corrected as follows:

Item No. 5a should read Charles M. Rice
Instead of John Rice

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

The above is true to the best of my knowledge, information and belief.

(SEAL)

X Affiant Charles M. Rice Husband
Relationship.

1508 Elliott
Present Address.

Subscribed and sworn to before me this 21 day of April, 1949

My Commission expires 3-4-53 Ella C. Paddock Notary Public.

Form V. S. 135
10M—8-43
X37817

S-35705