

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.

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

Do not use this space.

DEC 20 1935

37236

## 1. PLACE OF DEATH

County St. LouisRegistration District No. 789Township centralPrimary Registration District No. 6033City St. Louis(No. 2156-67th St.)St. Bloomfield Ward Mo.2. FULL NAME Mollie Poe(a) Residence, No. 2156 67th  
(Usual place of abode)

St.

Ward.

Bloomfield, 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

3. SEX

Female

4. COLOR OR RACE

White5. SINGLE, MARRIED, WIDOWED, OR  
DIVORCED (write the word)Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF  
(OR) WIFE OFWm. D. Poe

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

Dec. 4, 1866

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1  
day, .....hrs.  
or .....min.681112

OCCUPATION

8. Trade, profession, or particular  
kind of work done, as spinner,  
sawyer, bookkeeper, etc.Housewife9. Industry or business in which  
work was done, as silk mill,  
saw mill, bank, etc.At Home10. Date deceased last worked at  
this occupation (month and  
year)11. Total time (years)  
spent in this  
occupation12. BIRTHPLACE (CITY OR TOWN)  
(STATE OR COUNTRY)Tennessee

FATHER

13. NAME Allen Philipfin14. BIRTHPLACE (CITY OR TOWN)  
(STATE OR COUNTRY)Tennessee

MOTHER

15. MAIDEN NAME Unknown16. BIRTHPLACE (CITY OR TOWN)  
(STATE OR COUNTRY)Unknown17. INFORMANT Dr. C. A. Poe  
(ADDRESS) 1506 N. 1st St.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Bloomfield, Mo. DATE Nov. 18, 193519. UNDERTAKER Geo. P. Pleitsch Inc  
(ADDRESS) 5966 Eastern20. FILED 11-16- 1935 W. A. Bachner  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

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

Nov 16th 1935

22. I HEREBY CERTIFY, That I attended/deceased from

Nov 1st 1935 to Nov 16th 1935I last saw him alive on Nov 15 1935 Death is saidto have occurred on the date stated above, at 6:30 p.m.

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

Suppurative Pancreatitis Date of onset 11/15/35

Other contributory causes of importance:

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

What test confirmed diagnosis? Macroscopic Were 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? no

If so, specify.....

(Signed) J. H. Berto., M. D.(Address) 6123 Eastern Ave