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.

DEC 20 1935

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

Do not use this space.

37236

1. PLACE OF DEATH
County St. Louis — Registration District No. 789 — File No.
Township central — Primary Registration District No. 6033 — Registered No. 274
City (No. 2156-67th St. St. Ward)

2. FULL NAME Mollie Poe
(a) Residence, No. 2156 67th St., Ward. Bloomfield, Mo.
(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: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Wm. D. Poe
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 4, 1866
7. AGE: YEARS 68 — MONTHS 11 — 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. Housewife
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)
11. Total time (years) spent in this occupation

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

FATHER
13. NAME Allen Philipfin
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tennessee

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) Dr C. A. Poe 1506 Nodiamont
18. BURIAL, CREMATION, OR REMOVAL
PLACE Bloomfield, Mo. DATE Nov. 18 1935
19. UNDERTAKER (ADDRESS) Geo L. Pleitsch Inc 5966 Easton
20. FILED 11-16- 1935 H A Boehmer 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, 1935
I last saw her alive on Nov 15, 1935 Death is said to have occurred on the date stated above, at 6.30 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Suppurative Pancreatitis	1/15/35

Other contributory causes of importance: 128

Name of operation — Date of —
What test confirmed diagnosis? Macroscopic Was there an autopsy? no 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 Barto, M. D.
(Address) 6123 Easton Ave