UL 25 1927

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

Do not use this space.

1. PLACE OF DEATH
County Buchannan — Registration District No. 85 — File No. 17601
Township — Primary Registration District No. 1001 — Registered No. 640
City St. Joseph. (No. St. Joseph's Hospital. St. Ward)

2. FULL NAME Minnie B. King.
(a) Residence. No. St., Ward. Savannah Missouri.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred yrs. mos. 4 ds. How long in U.S., if of foreign birth? 25 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White.
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) July 27, 1862
7. AGE: Years 64 — Months 10 — Days 23 — If LESS than 1 day, ... hrs. or ... min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work School Teacher.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer Savannah High School.
9. BIRTHPLACE (CITY OR TOWN) Unknown.
(STATE OR COUNTRY) Canada.

PARENTS
10. NAME OF FATHER Arnold King.
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown.
(STATE OR COUNTRY) England.
12. MAIDEN NAME OF MOTHER Mariah Walker.
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown.
(STATE OR COUNTRY) England.

14. INFORMANT A. R. King.
(Address) Savannah Mo.
JUN 20 1927

15. FILED 19 John G. Utz REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 20, 1927

17. I HEREBY CERTIFY, That I attended deceased from June 10, 1927, to June 20, 1927 that I last saw her alive on June 20, 1927, and that death occurred, on the date stated above, at 3:15 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Myocarditis Chr.
60 Ad several (duration) 4 yrs. mos. ds.
CONTRIBUTORY (SECONDARY) Gastro Diffuse
Adenoma with Hyp. Thyroidism several (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? yes DATE June 20-27
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) [signature], M. D
6/22, 1927 (Address) 8201 Kirk Bldg. St. Joseph Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Savannah Missouri.
DATE OF BURIAL: June 22 1927
20. UNDERTAKER: H. D. Siderfaden
ADDRESS: 1802 Union S

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.