

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

Do not use this space.

18911

1. PLACE OF DEATH

County..... Registration District No. 791
 Township..... Primary Registration District No. 1003
 City St. Louis (No. Christian Hospital) (Ward)

File No.
 Registered No. 5318

2. FULL NAME

Harriet B. King
 (a) Residence. No. 6600 Washington Blvd St. Louis 8, 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. da. 10 How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) widow
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Hy H. King

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec 24th 1855

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<u>72</u>	<u>4</u>	<u>19</u>	

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work matron
 (b) General nature of industry, business, or establishment in which employed (or employer) Christian Old Folks Home
 (c) Name of employer

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

10. NAME OF FATHER Unknown

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown
 (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown
 (STATE OR COUNTRY)

14. INFORMANT Carl F. Boester
 (Address) #1005 La Salle, Bldg

15. FILED MAY 15 1928
W. O. Stanley REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 13th 1928
 17. I HEREBY CERTIFY, That I attended deceased from May 7, 1928, to May 13, 1928 that I last saw her alive on May 12, 1928, and that death occurred, on the date stated above, at 2:30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
548 Peritonitis
127

CONTRIBUTORY (SECONDARY) Operation for Duodenal Benign of Hypertrophy abnormal
 (duration) yrs. mos. da. 6

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH... Physical signs

DID AN OPERATION PRECEDE DEATH... yes DATE OF 5-7-28

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Bellefontaine DATE OF BURIAL 5-15-1928

20. UNDERTAKER E. R. Lupton ADDRESS #4449 Olive St.

*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.

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.

Dr. H. T. Miller.
430 Borden Ave.
430 Borden Ave.
9-11.