SEP 24 1928 314

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

Do not use this space.

26487

1. PLACE OF DEATH
County Buchanan — Registration District No. 85
Township — Primary Registration District No. 1001
City St Joseph (No. State Hosp #2 St. Ward)
File No. 963
Registered No.

2. FULL NAME Lucille King
(a) Residence. No. St., Ward.
(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 F.
4. COLOR OR RACE W.
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widow
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Bert King
6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sep 12 1893
7. AGE Years 34 Months 10 Days 27 If LESS than 1 day, ... hrs. or ... min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Hosph. Attendant
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer
9. BIRTHPLACE (CITY OR TOWN) Whitesville
(STATE OR COUNTRY) Mo

PARENTS
10. NAME OF FATHER Geo. R. Abell
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown
(STATE OR COUNTRY) Ky
12. MAIDEN NAME OF MOTHER Mary E. Head
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown
(STATE OR COUNTRY) Ill

14. INFORMANT Mrs Pansey Lenox
(Address) St Joseph. Mo.
15. FILED AUG 10 1928 John G. Ak REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug. 9th 1928
17. I HEREBY CERTIFY, That I attended deceased from July 16th, 1928, to Aug. 9th, 1928 that I last saw her alive on Aug. 9th, 1928, and that death occurred, on the date stated above, at 9:40 a.m.
THE CAUSE OF DEATH* WAS AS FOLLOWS:
Pelvic abscess
Infected Ovarian Tubes
Gonococcic Infection
(duration) yrs. mos. ds.
CONTRIBUTORY (SECONDARY) Peritonitis Gen'l
(duration) yrs. mos. ds.
18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? Yes DATE OF Aug. 9th
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS? Clinical & oper.
(Signed) C. O. Dewey, M. D
8/10, 1928 (Address) State Hosph. No 2

*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 Mo
DATE OF BURIAL Aug 11 1928
20. UNDERTAKER Fleeman Funeral Home
ADDRESS 1208 Francis

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.