

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

Do not use this space.

29863

1. PLACE OF DEATH

County Butler
 Township Poplar Bluff
 City Poplar Bluff (No.)

Registration District No. 89
 Primary Registration District No. 3007

File No.
 Registered No. 208 (Ward)

2. FULL NAME

Liddie Jane King
 (a) Residence No. Poplar Bluff, Mo. St. Ward.

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. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND-OF (OR) WIFE OF Sam King

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec 24 - 1859

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
68 9 1

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Housewife
 (b) General nature of industry, business, or establishment in which employed (or employer)

9. BIRTHPLACE (CITY OR TOWN) Frank Co.
 (STATE OR COUNTRY) Missouri

10. NAME OF FATHER Mose Miner

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

12. MAIDEN NAME OF MOTHER unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

14. INFORMANT Jessie King
 (Address) Poplar Bluff, Mo.

15. FILED Sept 28 19 28 D. B. Claus REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept 25 - 1928

17. I HEREBY CERTIFY, That I attended deceased from Aug 1, 1928, to Sept 25, 1928, that I last saw her alive on Sept 20, 1928, and that death occurred, on the date stated above, at 3:30 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Myocarditis
9:30 (duration) yrs. 6 mos. ds.

CONTRIBUTORY (SECONDARY)

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

8 DID AN OPERATION PRECEDE DEATH? DATE OF

WHAT TEST CONFIRMED DIAGNOSIS?
 (Signed) Walter P. Case, M. D.
Sept 26, 1928 (Address) Poplar Bluff, 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 Mile Cemetery - Piedmont DATE OF BURIAL Sept 27 1928 10:30

20. UNDERTAKER A. W. Green ADDRESS Poplar Bluff, Mo.

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.

