

JAN 22 1929

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

Do not use this space.

39720

1. PLACE OF DEATH

County Cape Girardeau, Mo. Registration District No. 125  
Township Cape Girardeau, Mo. Secondary Registration District No. 3007  
City Cape Girardeau, Mo. St. \_\_\_\_\_ Ward)

File No. \_\_\_\_\_  
Registered No. 1297

2. FULL NAME

Mrs. Dallis King  
(a) Residence. No. Red Star 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. da. 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) Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 24, 1895

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
33 9 4

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housework  
(b) General nature of industry, business, or establishment in which employed (or employer).  
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) St. Lutevater, Missouri  
(STATE OR COUNTRY)

10. NAME OF FATHER Marcus J. King

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Not known  
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Cardeile Allen

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Not known  
(STATE OR COUNTRY)

14. INFORMANT Mrs. Walter King  
(Address) Cape Girardeau, Mo.

15. FILED 12/30, 1928 W. King REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec. 28, 1928

17. I HEREBY CERTIFY, That I attended deceased from Dec. 24, 1928 to Dec. 28, 1928  
that I last saw her alive on Dec. 24, 1928, and that death occurred, on the date stated above, at 10 P.M.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Influenza  
11:30

CONTRIBUTORY (SECONDARY) Phlebitis  
(duration) yrs. mos. 6 da.  
(duration) yrs. mos. 2 da.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

0 DID AN OPERATION PRECEDE DEATH? No. DATE OF.....

WAS THERE AN AUTOPSY? No.

WHAT TEST CONFIRMED DIAGNOSIS.....

(Signed) A. M. Mappley, M. D.  
, 19 (Address) Cape Girardeau, 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 DATE OF BURIAL

Chippewa Cemetery Dec. 30, 1928

20. UNDERTAKER ADDRESS

Al. Buntkopf 536. Roodery

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

