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.

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

Do not use this space. 10956 10906

1. PLACE OF DEATH
County Jackson — Registration District No. — File No. 1467
Township Kane — Primary Registration District No. — Registered No.
City Kansas City (No. 40 40 Montgall St. Ward)

2. FULL NAME Garnett King
(a) Residence. No. Montgall St. 16 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 Fe
4. COLOR OR RACE Wh
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) Apr 29-1899

7. AGE

YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
29	10	25	

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) At Home
(c) Name of employer

234

9. BIRTHPLACE (CITY OR TOWN) Nevada
(STATE OR COUNTRY) Mo

PARENTS
10. NAME OF FATHER William M. King
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Mo
12. MAIDEN NAME OF MOTHER Allale Yater
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Mo

14. INFORMANT W M King
(Address) 40 20 Montgall

15. FILED 3/25, 1929 M. M. Enoue
Assr REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 24 1929

17. I HEREBY CERTIFY, That I attended deceased from May 12, 1925, to March 23, 1929, that I last saw her alive on March 23, 1929, and that death occurred, on the date stated above, at 11:15 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic Interstitial Nephritis
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Chronic atrophic arthritis
(duration) 9 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? No. DATE OF
WAS THERE AN AUTOPSY? No.
WHAT TEST CONFIRMED DIAGNOSIS? Urine & Blood
(Signed) Wilbur A Baker, M. D
3/25, 1929 (Address) 1025 Argyle Bldg K.C. 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 Nevada Mo
DATE OF BURIAL 3-26-1929

20. UNDERTAKER Mrs. C. L. Forster
ADDRESS K. C. Mo.

1 5 Wa.

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