

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

Do not use this space.

**15619**

JUN 24 1930

**1. PLACE OF DEATH**

County Clay  
Township Fishersville  
City Excelsior Springs (No. ....)

Registration District No. 108  
Primary Registration District No. 3011

File No. ....  
Registered No. 40  
St. .... Ward) .....

**2. FULL NAME**

Margrie Louise King  
(a) Residence. No. .... St. .... Ward. ....  
(Usual place of abode)

Length of residence in city or town where death occurred yrs. 1 mos. 15 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 white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) child

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 1 - 1930

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .... hrs. or .... min.  
1 15

**8. OCCUPATION OF DECEASED**

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

(c) Name of employer .....

9. BIRTHPLACE (CITY OR TOWN) Excelsior Springs Mo  
(STATE OR COUNTRY)

10. NAME OF FATHER Lee King

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Ray Co. Mo.  
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Elsie Slaven

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Ray Co. Mo.  
(STATE OR COUNTRY)

14. INFORMANT Lee King  
(Address) Excelsior Springs, Mo.

15. FILED 57/16, 19 30 J.D. Crowder  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 15 1930

17. I HEREBY CERTIFY, That I attended deceased from May 12, 1930, to May 15, 1930 that I last saw her alive on May 14, 1930 and that death occurred, on the date stated above, at 1030 a. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Pertussis

CONTRIBUTORY (SECONDARY) X  
(duration) .... yrs. .... mos. .... ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH .....

19. DID AN OPERATION PRECEDE DEATH? X DATE OF .....

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) John F. Grady, M. D.

May 16, 1930 (Address) Excelsior Springs 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 Union Ray Co DATE OF BURIAL 5-16 1930

20. UNDERTAKER Herbert Hope ADDRESS Excelsior Springs 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.

