

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

Do not use this space.

20134

1. PLACE OF DEATH

County New Madrid
Towship 1 1 3
City 4 11 4 (No. _____) (Name _____) (Ward _____)

Registration District No. 604
Primary Registration District No. 3802

File No. _____
Registered No. _____

2. FULL NAME

Anna Hunter King

(a) Residence No. _____ St. _____ Ward _____
(Usual place of abode)

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 Wm King

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 11-10-1875

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>54</u>	<u>6</u>	<u>27</u>	

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN) New Madrid
(STATE OR COUNTRY)

10. NAME OF FATHER Wm King

11. BIRTHPLACE OF FATHER (CITY OR TOWN) New Madrid
(STATE OR COUNTRY) Mo

12. MAIDEN NAME OF MOTHER Sallie Loney

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) New Madrid
(STATE OR COUNTRY) Mo

14. INFORMANT Mrs. Wm Dawson
(Address) New Madrid

15. FILED 99 30 Wm Dawson
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 6-7-1930

17. I HEREBY CERTIFY, That I attended deceased from 6-7-1930, 1930 that I last saw him alive on 6-7-1930, and that death occurred, on the date stated above, at 9:00 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Coronary failure
resulting from brain
92H. (duration) yrs. mos. da.

CONTRIBUTORY (SECONDARY)

90W (duration) yrs. mos. da.

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?

(Signed) Wm Dawson, M. D.
, 19 1930 (Address) New Madrid 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

Hunter Bern, DATE OF BURIAL 6-9-1930

20. UNDERTAKEER

Richards and Co ADDRESS New Madrid

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 IN PLAIN, CAPITAL LETTERS ON THIS IS A PARENT RECORD

1934