

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

Do not use this space.

~~20771~~
20771
Registered No. 5565

1. PLACE OF DEATH

County..... Registration District No. **791**
Township..... Primary Registration District No. **1003**
City **St. Louis** (No.) St. Ward)

2. FULL NAME

WAY WILLIE KING
(a) Residence, No. **2728a WASHINGTON** St., **21** 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 **Female** 4. COLOR OR RACE **Colored** 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) **Married**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **wife of Walter King**

6. DATE OF BIRTH (MONTH, DAY AND YEAR) **Oct-13-1890**

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
39 ~~7~~ **7** **22**

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

9. BIRTHPLACE (CITY OR TOWN) **Scoble**
(STATE OR COUNTRY) **Miss**

10. NAME OF FATHER **Ben Patterson**

11. BIRTHPLACE OF FATHER (CITY OR TOWN) **Ala**
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER **Virginia Jackson**

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) **Ala**
(STATE OR COUNTRY)

14. INFORMANT **Virginia Patterson**
(Address) **2728a W Washington**

15. FILED **111N - 8 1930** REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) **JUNE 5 1930**

I HEREBY CERTIFY, That I attended deceased from **MAY 28**, 19**30**, to **JUNE 5**, 19**30** that I last saw **ex** alive on **JUNE 5**, 19**30** and that death occurred, on the date stated above, at **6-20P** m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
ENDOCARDITIS chronic
chronic (duration) yrs. **9** mos. ds.
CONTRIBUTORY MIXED NEPHRITIS interstitial
(SECONDARY) **parenchymatous** I yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH, NO

DID AN OPERATION PRECEDE DEATH? NO DATE OF
WAS THERE AN AUTOPSY? NO

WHAT TEST CONFIRMED DIAGNOSIS? **MICROSCOPE**
(Signed) **W. T. Moore**, M. D.
6/6/30 (Address) **1336 FRANKLIN**

*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 **Greenwood** DATE OF BURIAL **June 9 1930**

20. UNDERTAKER **James G. ...** ADDRESS **1418 1/2 Jefferson**

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.

