

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

Do not use this space.  
 H 111 21648  
~~1116-1~~  
 File No. \_\_\_\_\_  
 Registered No. \_\_\_\_\_  
 St. \_\_\_\_\_ Ward \_\_\_\_\_

**1. PLACE OF DEATH**

County Stone Registration District No. 842  
 Township Lincoln Primary Registration District No. 6359  
 City \_\_\_\_\_ (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Martha Jane King  
 (a) Residence. No. \_\_\_\_\_ 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. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) W  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF A. J. King  
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 29 1874  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
55 7 13  
 8. OCCUPATION OF DECEASED  
 (a) Trade, profession, or particular kind of work \_\_\_\_\_  
 (b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_  
 (c) Name of employer \_\_\_\_\_

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) 6-12-30  
 17. I HEREBY CERTIFY, That I attended deceased from June 12, 1930, to June 12, 1930, that I last saw her alive on June 12, 1930 and that death occurred, on the date stated above, at 5 4 m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

82A apoplexy  
99  
 (duration) \_\_\_\_\_ yrs. mos. ds.  
 CONTRIBUTORY (SECONDARY) arteriosclerosis  
 (duration) \_\_\_\_\_ 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 an  
 (Signed) [Signature], M. D.  
7-1, 1930 (Address) Stone and

\*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.

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio  
 10. NAME OF FATHER Christian Marx  
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Ohio  
 12. MAIDEN NAME OF MOTHER Maggie Snyder  
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Germany

14. INFORMANT (Address) A. J. King  
Edsey  
 15. FILED 8-28, 1930 Mrs Ethel Doyt  
 REGISTER

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Galena Me DATE OF BURIAL 6-13-30  
 20. UNDERTAKER W. H. Hilton ADDRESS Cranberry

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.

7 Aug

