

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

Do not use this space.

4760

1. PLACE OF DEATH

14 County Callaway
Township Callaway
City Bullton (No.)

Registration District No. 104
Primary Registration District No. 3008

File No.
Registered No. 47 St. Ward)

2. FULL NAME

Mrs. Lou King
(a) Residence No. 309 S. W. Mendel 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 <u>Female</u>	4. COLOR OR RACE <u>Negro</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Her</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>— — 1884</u>		
7. AGE YEARS <u>47</u>	MONTHS <u>—</u>	DAYS <u>—</u>
IF LESS than 1 day, hrs. or min.		
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>Housewife</u> (b) General nature of industry, business, or establishment in which employed (or employer) <u>233</u> (c) Name of employer		

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri 1

10. NAME OF FATHER Dr.

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Dr. 31

12. MAIDEN NAME OF MOTHER Alice Black

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Missouri 1

14. INFORMANT (Address) 322 N. 14 St. Springfield, Ill. J. B. Crews

15. Feb 21 1931 J. B. Crews
REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb. 19, 1931

17. I HEREBY CERTIFY, That I attended deceased from Feb. 17, 1931 to Feb. 19, 1931 that I last saw her alive on Feb. 18, 1931, and that death occurred, on the date stated above, at 9:00 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Abscess of Brain
11 D.
8 1/2 hr.
1 1/2 hr. (duration) yrs. mos. 2 ds.
CONTRIBUTORY (SECONDARY) Dr. J. B. Crews (duration) yrs. mos. 21 ds.

18. WHERE WAS DISEASE CONTRACTED
8 IS NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? clinical
(Signed) H. J. Owen, M. D.
, 19 (Address) Bullton 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 DATE OF BURIAL
Southside Cemetery Feb. 22, 1931

20. UNDERTAKER ADDRESS
Eli Bell Bullton Mo.

K. 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.

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1884