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

Do not use this space.

16947

File No. .....

Registered No. 20

1. PLACE OF DEATH

County: Webster Registration District No. 894

Township: Grant Primary Registration District No. 6199

City: Northview (No. ....., ... St. ..... Ward)

2. FULL NAME: Lucindia King.

(a) Residence. No. Northview 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: 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: Ben King.

6. DATE OF BIRTH (MONTH, DAY AND YEAR): unknown

7. AGE: Years 79 | Months | Days | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: House wife.

(b) General nature of industry, business, or establishment in which employed (or employer): 3 55

(c) Name of employer

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

PARENTS

10. NAME OF FATHER: Don't Know.

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

12. MAIDEN NAME OF MOTHER: Don't Know.

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

14. INFORMANT: Wilson King
(Address): Northview Mo

15. FILED 4/30, 1931 J. M. Bruce
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): April 7 1931.

17. I HEREBY CERTIFY, That I attended deceased from March 1st, 1931, to April 7th, 1931 that I last saw he alive on April 4, 1931, and that death occurred, on the date stated above, at 6 am m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Carcinoma of Stomach.

March 1st. to April 7th

46 B (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) 466 (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH .....

8 DID AN OPERATION PRECEDE DEATH? ..... DATE OF 1

WAS THERE AN AUTOPSY? .....

WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) W. F. Behlich, M. D.

4/7, 1931 (Address) Niangua 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: Welch Cemetary

DATE OF BURIAL: April 9 1931.

20. UNDERTAKER: Fred Fly.

ADDRESS: Niangua.

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 PLAINLY, WITH INDELIBLE INK—THIS IS A PERMANENT RECORD

MAY 27 1931