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.

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

Do not use this space.

21485

1. PLACE OF DEATH

County Jackson — Registration District No. 399 — File No. [illegible]

Township Kaw — Primary Registration District No. 1002 — Registered No. [illegible]

City Kansas City (No. 615 East Armour Blvd. St. Ward)

2. FULL NAME Carrie Edna King

(a) Residence. No. 615 East Armour St., 6 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Female	White	Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Single 1895

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan. 18, ~~1931~~

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	36	4	25	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Secretary 256

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

(c) Name of employer

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

PARENTS

10. NAME OF FATHER Elvis A. King

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

12. MAIDEN NAME OF MOTHER Annie Sara Dimmick

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

14. INFORMANT Elva F. King
(Address) 615 E. Armour Blvd

15. FILED 6/15, 1931 M. M. Crowe REGISTRAR

MEDICAL CERTIFICATE OF DEATH

2

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 13 1931

17. I HEREBY CERTIFY, That I attended deceased from June 6, 1931, to June 13, 1931, that I last saw her alive on June 13, 1931, and that death occurred, on the date stated above, at 5:30P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Acute Myocarditis

23A

93A (duration) yrs. mos. 10 ds.

CONTRIBUTORY (SECONDARY) Pulmonary Tuberculosis

(duration) yrs. 4 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? Physical Exam

(Signed) H. S. Mathews, M. D.

6/14, 1931 (Address) 1201 Rialto

*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~~ Kansas City, Kans. Highland Park Cem. — DATE OF BURIAL 6-15 1931

20. UNDERTAKER Stine & McClure — ADDRESS 3235 Gillham Plaza