

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

Do not use this space.

26149

1. PLACE OF DEATH

County St. Louis County
Township Central
City St. Vincent's Sanitarium

Registration District No. 789
Primary Registration District No. 60333
(No. St. Vincent's Sanitarium)

File No. _____
Registered No. 225
St. _____ Ward)

2. FULL NAME Mrs. Frances Dolan King

(a) Residence. No. _____ St., _____ Ward. Atchinson, Kansas
(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>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Married</u>
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5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Victor King

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Unknown 1892

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
<u>39</u>	<u>11</u>	<u>Unknown</u>	<u>Unknown</u>	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Atchinson
(STATE OR COUNTRY) Kansas

10. NAME OF FATHER Unknown

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

12. MAIDEN NAME OF MOTHER Unknown

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

14. INFORMANT Sister Raphael, Supt.
(Address) St. Vincent's Sanitarium

15. FILED 7/1 1931 Frederic Brown, M.D.
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

2 16. DATE OF DEATH (MONTH, DAY AND YEAR) July 1st 1931

17. I HEREBY CERTIFY, That I attended deceased from May 22, 1927, to July 1, 1931 that I last saw him alive on June 13th, 1931, and that death occurred, on the date stated above, at 5:25 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pellagra
62 (duration) _____ yrs. _____ mos. 14 ds.
84 (duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY (SECONDARY) Chronic Nausea
(duration) 4 yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH _____

0 DID AN OPERATION PRECEDE DEATH? no DATE OF _____

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS _____

(Signed) Eugene J. O'Malley, M. D.

July 1, 1931 (Address) Missouri, Sedgwick St. Kansas

*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 Atchinson Kansas DATE OF BURIAL 7/1 1931

20. UNDERTAKER Arthur J. Donnelly Undert Co ADDRESS 2039 West St

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.

AUG 29 1931

