

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

Do not use this space.

27214

1. PLACE OF DEATH

County Saline

Registration District No. 796

Township Marshall

Primary Registration District No. 3038

City Marshall (No.)

File No.

Registered No. 127

2. FULL NAME

Mary Josephine 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) single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) about 1855

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
about 78

8. Trade, profession, or particular kind of work done, as splainer, sawyer, bookkeeper, etc. Housekeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Stackelford Mo.

13. NAME Thomas King

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

15. MAIDEN NAME Catherine Mcmarrow

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

17. INFORMANT (ADDRESS) Cornelius King Marshall Mo.

18. BURIAL, CREMATION OR REMOVAL PLACE DATE Stackelford Mo. July 28, 1931

19. UNDERTAKER (ADDRESS) L. R. Vanclines Marshall Mo.

20. FILED 7-31 1931 Mea John H. McKeen Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-27 1931

22. I HEREBY CERTIFY, That I attended deceased from July 25, 1931, to July 27, 1931. I last saw her alive on 7-27, 1931. Death is said to have occurred on the date stated above, at 12:30 a.m.

The principal cause of death and related causes of importance were as follows:

Acute Pectoris - 7-26-31
94A
130
94W

Other contributory causes of importance:

Acute Parenchymatous Nephritis 7/19/31

Name of operation none Date of no
What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? none Date of injury none

Where did injury occur? none (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. none

Manner of injury none
Nature of injury none

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify Acute Pectoris (Signed) Mea John H. McKeen, M. D.
(Address) Marshall Mo

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

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