

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

Do not use this space.

16360

**1. PLACE OF DEATH**

County Jackson  
Township Ray  
City Kas. City (No. Sen. Hosp. #2)

Registration District No. 303  
Primary Registration District No. 1403

File No. \_\_\_\_\_  
Registered No. 2153  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

King, Bell  
(a) Residence, No. 1689 Madison St. 4 Ward.

Length of residence in city or town where death occurred 28 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX F 4. COLOR OR RACE C 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 4 1893

7. AGE YEARS MONTHS Days If LESS than 1 day, hrs. or min.  
39 — 23

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 235

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) Missouri

13. NAME O'Bannon, Geo

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

15. MAIDEN NAME Whitson

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

17. INFORMANT (ADDRESS) Record Clerk Sen. Hosp. #2

18. BURIAL, CREMATION, OR REMOVAL Blue Ridge Lawn DATE 5-31-32

19. UNDERTAKER (ADDRESS) Flora Greenstreet 1819 Pa. St. K.C. Mo.

20. FILED May 30 1932 M. M. Grove Registrar.

**2 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5/27/32

22. I HEREBY CERTIFY, That I attended deceased from 5/24/32 1932, to 5/27/32 1932

I last saw her alive on 5/27/32 at 30 pm. Death is said to have occurred on the date stated above, at 12 pm.

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

Intestinal Obstruction

Other contributory causes of importance: 1

Toxemia

Name of operation none Date of \_\_\_\_\_  
What test confirmed diagnosis? Cab. clinical Were an autopsy? no

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 1932

Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_  
Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_  
If so, specify \_\_\_\_\_

(Signed) D. M. Miller, M. D.  
(Address) Sen. Hosp. #2

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**

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

**1. PLACE OF DEATH**

County .....

Registration District No. 399

Township .....

Primary Registration District No. 1002

City N. Philip (No. ....)

File No. ....

Registered No. 2153

**2. FULL NAME**

(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**

**MEDICAL CERTIFICATE OF DEATH**

3. SEX F 4. COLOR OR RACE Col 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) m

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 27, 1932

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

22. I HEREBY CERTIFY, That I attended deceased from

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

to ....., 19....

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

I last saw him alive on ....., 19.... Death is said to have occurred on the date stated above, at ..... m.

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

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

Infarction of the heart  
1. Coronary artery disease  
2. Aortic Impaction  
3. Intestinal adhesions  
Other contributory causes of importance: 5  
1. Hypertension  
2. Diabetes  
3. Atherosclerosis

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

13. NAME

Name of operation ..... Date of .....

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

What test confirmed diagnosis? ..... Was there an autopsy? .....

15. MAIDEN NAME

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? ..... Date of injury ....., 19....  
Where did injury occur? ..... (Specify city or town, county, and State)

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

Specify whether injury occurred in industry, in home, or in public place.

17. INFORMANT (ADDRESS)

Manner of injury .....

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE 19....

Nature of injury .....

19. UNDERTAKER (ADDRESS)

24. Was disease or injury in any way related to occupation of deceased? .....

20. FILED May 30, 1932 M. D. Brown Registrar

If so, specify .....

(Signed) ....., M. D.

(Address) .....

SUPPLEMENTARY

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW. EXACT STATEMENT OF OCCUPATION IS VERY IMPORTANT. CASE OF DEATH IN PLAIN TERMS, SO THAT IT MAY BE PROPERLY CLASSIFIED.

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