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

Do not use this space.

1. PLACE OF DEATH
County Buchanan — Registration District No. 85 — File No. 31488
Township — Primary Registration District No. 1001 — Registered No. 989
City St Joseph (No. 5617 S 2nd St. Ward)

2. FULL NAME Nora Etta King
(a) Residence, No. 5617 So 2nd St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)
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) M

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 14 1882

7. AGE Years 50 Months 7 Days 25 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House work
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) Blythedale Mo 1

FATHER
13. NAME Thos T. Williams
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana Unknown 2

MOTHER
15. MAIDEN NAME Katherine Harold
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana Unknown Indiana

17. INFORMANT (ADDRESS) Henry King St Joseph Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt. Auburn DATE Oct. 11, 1932

19. UNDERTAKER (ADDRESS) Fleeman Funeral Home, Inc St Joseph Mo

20. FILED OCT 10 1932 John R. Bender 2 Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 9 1932

22. I HEREBY CERTIFY, That I attended deceased from March 18th 1930, to Oct 9, 1932
I last saw her alive on Oct 9, 1932. Death is said to have occurred on the date stated above, at 9 A. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Myocarditis	Oct 6
131	
93A 131	

Other contributory causes of importance: Chronic Interstitial Nephritis (1)

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? Yes

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)
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? No
If so, specify .....
(Signed) Dr. [illegible], M. D.
(Address) 209-10 Kirkpatrick Bldg.

V. S. No. 2 — MARGIN RESERVED FOR BINDING — 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.

NOV 21 1932

2 Bros
W. W. Butler
Sheridan Wyo.
Chas Butler
Shelton Mon.
2 Grand children
Richard Couldary
Austin Leighty

Primitive Baptist
Church
7 Years near Dearborn
Former resident St Jo

70 6 74 f
~~[illegible]~~
~~about dressing hair~~
705 Blake at 9 A.M.