

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

Do not use this space.

9069

1. PLACE OF DEATH

County St. Louis Registration District No. 272
 Township Rohr Primary Registration District No. 5384
 City _____ (No. _____) St. _____ Ward _____

File No. _____

Registered No. _____

2. FULL NAME Rachel Ann King

(a) Residence, No. _____ 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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>D. W. King</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan 18, 1855</u>				
7. AGE	YEARS <u>78</u>	MONTHS <u>1</u>	DAYS <u>28</u>	If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	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 _____	
FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Brown County Indiana</u>			
	13. NAME <u>Miss Pruitt</u>			
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Don't know</u>			
	15. MAIDEN NAME <u>Waters</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Don't know</u>			
17. INFORMANT <u>Harry O. Walker</u> (ADDRESS) <u>2121 No. _____</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>St. Ignace Mts</u> DATE <u>3/8</u> 19 <u>33</u>				
19. UNDERTAKER <u>W. H. Johnson</u> (ADDRESS) _____				
20. FILED <u>3/10</u> 19 <u>33</u> <u>E. B. Mearns</u> Registrar.				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 7 1933

22. I HEREBY CERTIFY, That I attended deceased from Feb 27 1933 to March 7 1933
 I last saw her alive on March 4 1933 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:
Bronchial Pneumonia Date of onset Feb 27-33
107A 107A

Other contributory causes of importance: _____

Name of operation none Date of _____
 What test confirmed diagnosis Phys. Exam Was there an autopsy? no

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) R. M. Noneman M. D.
 (Address) ava m...

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.

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28 1933

