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.

MAY 22 1933

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

Do not use this space.

13562

1. PLACE OF DEATH

48

County JACKSON — Registration District No. 400 — File No.

Township PRAIRIE — Primary Registration District No. 5553B — Registered No. 70

City LEES SUMMIT (No. JACKSON COUNTY HOME St. Ward)

2. FULL NAME MRS. LUCIA GRAINGER KING

(a) Residence, No. 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: FEMALE
4. COLOR OR RACE: WHITE
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): WIDOWED

5A. IF MARRIED, WIDOWED, OR DIVORCED ~~HUSBAND OF~~ (OR) WIFE OF JOHN D. KING

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) SEPTEMBER 29-1857

7. AGE — YEARS: 75 — MONTHS: 6 — DAYS: 7 — If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. NONE
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

2

12. BIRTHPLACE (CITY OR TOWN) NIAGARA FALLS (STATE OR COUNTRY) NEW YORK

FATHER

13. NAME ALFRED FASSETT 9
14. BIRTHPLACE (CITY OR TOWN) unk. (STATE OR COUNTRY) NEW YORK

2

MOTHER

15. MAIDEN NAME UNKNOWN
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) UNKNOWN

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17. INFORMANT MR. B. A. GRAINGER (ADDRESS) SOUTH BEND, INDIANA

18. BURIAL, CREMATION, OR REMOVAL
PLACE ELMWOOD DATE APRIL 10, 1933

19. UNDERTAKER D. W. NEWCOMER'S SONS (ADDRESS) KANSAS CITY, MISSOURI

20. FILED April 10, 1933 William T. Field Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) APRIL - 6, 1933

22. I HEREBY CERTIFY, That I attended deceased from March 10, 1933, to April 6, 1933

I last saw her alive on April 5, 1933 Death is said to have occurred on the date stated above, at 6:30 P m.

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

chronic interstitial nephritis — Date of onset

131 131

Other contributory causes of importance:

Name of operation Date of

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? 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?

If so, specify

(Signed) J. W. Greene, M. D.

(Address) Independence Mo.

Dr. John [illegible]
1st National Bank Bldg.
11:30 -