

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

Do not use this space.

15392

1. PLACE OF DEATH

County Saline

Registration District No. 801

Township Sweet Springs

Primary Registration District No. 4480

City Sweet Springs (No. _____)

St. _____ Ward _____

2. FULL NAME

Mary Augusta Killion

(a) Residence, No. 301 Highland Ave St. _____ Ward _____

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 19 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) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 19-1861

7. AGE YEARS 72 MONTHS 1 DAYS 22 If LESS than 1 day, hrs. min.

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

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) Dec 1932 11. Total time (years) spent in this occupation life

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

13. NAME Robert Hammack

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

15. MAIDEN NAME Anna Crews

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

17. INFORMANT John L. Killion

(ADDRESS) Sweet Springs, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Sweet Springs, Mo DATE April 13, 1933

19. UNDERTAKER Wesley H. Arbery

(ADDRESS) Sweet Springs, Mo

20. FILED 4-12-33 19 33 A. H. Ringen Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 11, 1933

I HEREBY CERTIFY, that I attended deceased from Sept 25, 1932 to April 11, 1933

I last saw her alive on April 10, 1933 Death is said to have occurred on the date stated above, at 1:30 p.m.

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

Chronic Myocarditis Date of onset June 1932

430 930

Other contributory causes of importance:

Name of operation None Date of _____

What test confirmed diagnosis? Clinical (as 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) A. H. Ringen, M. D.

(Address) Sweet Springs, Mo.

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 24 1933

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