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.

JUN 22 1933

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

Do not use this space.

File No. ~~16243~~ 16243

Registered No. 401

1. PLACE OF DEATH

County Greene — Registration District No. 318

Township Mt Vernon Lt — Primary Registration District No. 2001

City Springfield (No. Baptist Hospital St. Ward)

2. FULL NAME Mrs Jewell D. King

(a) Residence, No. Mount Vernon, Mo 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) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 19, 1890

7. AGE YEARS 42 MONTHS 4 DAYS 26 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

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

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

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) Mount Vernon, Missouri

FATHER

13. NAME W. N. Davis

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bowling Green Kentucky

MOTHER

15. MAIDEN NAME Ida Martin

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

17. INFORMANT (ADDRESS) Mr. Paul G. King Mount Vernon, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Lodge DATE May 17 1933

19. UNDERTAKER (ADDRESS) Geo Orr Mt Vernon Mo

20. FILED 5-15 1933 Ralph W Langston Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 15, 1933

22. I HEREBY CERTIFY, That I attended deceased from May 11, 1933, to May 15, 1933

I last saw her alive on May 15, 1933. Death is said to have occurred on the date stated above, at 1:05 P.m.

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

	Date of onset
Lobar pneumonia	4-17-33
108	
108	
108	
108	

Other contributory causes of importance:

Pneumococcic Septicemia Before	5-12-33
Pneumococcic meningitis	5-13-33

Name of operation none Date of

What test confirmed diagnosis? Blood culture Was there an autopsy?

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) E. E. Glenn, M.D.

(Address) Medical Arts Building Springfield Mo.