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 10 1933

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

Do not use this space.

34405

1. PLACE OF DEATH

County St. Louis — Registration District No. 1123 — File No.

Township Carondelet — Primary Registration District No. 6248 B — Registered No. 324

City Koch (No. , St. Ward)

2. FULL NAME King, Lela

(a) Residence, No. 858 Hamilton, St. Louis St., Ward. (Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred X yrs. 8 mos. 17 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F

4. COLOR OR RACE: Colored

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Benjamin D. King

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): June 7. 1909

7. AGE: Years 24, Months 8, Days 15. If LESS than 1 day, hrs. or min.

OCCUPATION

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

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Missouri

FATHER

13. NAME: Charles Wyatt

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Missouri

MOTHER

15. MAIDEN NAME: Nannie Diggs

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Missouri

17. INFORMANT (ADDRESS): Koch Hospital Records

18. BURIAL, CREMATION, OR REMOVAL: PLACE Greenwood DATE Oct 19 1933

19. UNDERTAKER (ADDRESS): C. J. Giles 4107 Finney Ave.

20. FILED Oct 13 1933 L. C. Obrock Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1933, to Oct. 15, 1933

I last saw her alive on Oct. 15, 1933 Death is said to have occurred on the date stated above, at 5:20 p.m.

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

Pulmonary tuberculosis — Date of onset Dec. 1931

Other contributory causes of importance:

Name of operation Sputum Date of

What test confirmed diagnosis? & x-ray 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) R. E. Lore, M. D.

(Address) Robert Koch Hospital Koch, Missouri