

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

Do not use this space.

40465

PLACE OF DEATH
 County Gasper Registration District No. 411
 Township Stana Primary Registration District No. 2002
 City Fonten (No. _____) St. _____ Ward _____

2. FULL NAME Lydia V. King
 (a) Residence, No. 2202 Porter 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 Female 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 30, 1876

7. AGE YEARS <u>62</u>	MONTHS <u>11</u>	DAYS <u>15</u>	IF LESS than 1 day, _____ hrs. or _____ min.
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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) Gasper Co Mo.

MOTHER FATHER

13. NAME Gasper N. King

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Gasper Co Mo.

15. MAIDEN NAME Mary Stout

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

17. INFORMANT Lincoln King
(ADDRESS) Fonten Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE West City Mo DATE 12-18-33

19. UNDERTAKER Hunter's Third Co
(ADDRESS) Gasper Mo.

20. FILED 12-16-33 Ed E. Jones
Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from Dec 14, 1933 to Dec 14, 1933
 I last saw her alive on Dec 14, 1933 Death is said to have occurred on the date stated above, at 3-30 A.M.
 The principal cause of death and related causes of importance were as follows:
Embolicus Date of onset _____
by Paralysis
 Other contributory causes of importance _____

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

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? no Date of injury _____
 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 Embolicus
 (Signed) W. Brookshire, M. D.
 (Address) Fonten 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.

W. N. W. N. W.
 JAN 26 1934

