

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

Do not use this space.

2398

1. PLACE OF DEATH

County St. Louis Registration District No. 785 File No. 1
 Township Bonhomme Primary Registration District No. 3037 Registered No. 34
 City Kirkwood (No. 440 So. Vandeventer) St. _____ Ward _____

2. FULL NAME

Cora Lee Kingyon
 (a) Residence, No. 440 So. Vandeventer St. _____ Ward Kirkwood
 (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 F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Jos. N. Kingyon

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr 15 1891

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
62 8 24

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) Mo

13. NAME Thomas Rucker

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

15. MAIDEN NAME Annie E. Jones

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

17. INFORMANT Jos N Kingyon
 (ADDRESS) 440 So Vandeventer

18. BURIAL, CREMATION, OR REMOVAL

PLACE Cab Hill DATE 1-11-1934

19. UNDERTAKER Louis H. Bop
 (ADDRESS) Kirkwood

20. FILED 1-10 1934 Annie J. Ingraham
 Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-9-1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 23 to Jan 9 1934
 I last saw her alive on Jan 8 1934 Death is said to have occurred on the date stated above, at 2:20 A.M.
 The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis Date of onset 1932
936
820
930
 Other contributory causes of importance Partial Paralysis 1931

Name of operation _____ Date of _____
 What test confirmed diagnosis? Autopsy 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) E. Barwood M. D.
 (Address) 209 Stewart St. Kirkwood Mo

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 26 1934

803

7-26
5/15

