

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

Do not use this space.

MAY 27 1934

PLACE OF DEATH

County Boone Registration District No. 73 File No. 11904
 Township Columbia Primary Registration District No. 3006 Registered No. 104
 City Columbia (No.) St. Ward)

2. FULL NAME Silly N King
 (a) Residence, No. Columbia 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) widowed
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Tom King
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1-13-1861
 7. AGE YEARS 73 MONTHS 3 DAYS 6 IF LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 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) 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) Bourbon Co (STATE OR COUNTRY) Ky

FATHER 13. NAME Joseph Horton
 14. BIRTHPLACE (CITY OR TOWN) Bourbon Co (STATE OR COUNTRY) Ky

MOTHER 15. MAIDEN NAME Mary E Stairica
 16. BIRTHPLACE (CITY OR TOWN) North Carolina (STATE OR COUNTRY)

17. INFORMANT Tom W. Dyant Jr (ADDRESS) Columbia Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Caloway County DATE 4/20 34 19

19. UNDERTAKER Chas McHarg (ADDRESS) Columbia Mo

20. FILED 4/19/ 1934 Allie Silly Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 19 1934
 22. I HEREBY CERTIFY, That I attended deceased from Apr 10 - 1934, to Apr 18 - 1934
 I last saw him alive on Apr 18 - 1934. Death is said to have occurred on the date stated above, at 7 a.m.
 The principal cause of death and related causes of importance were as follows:

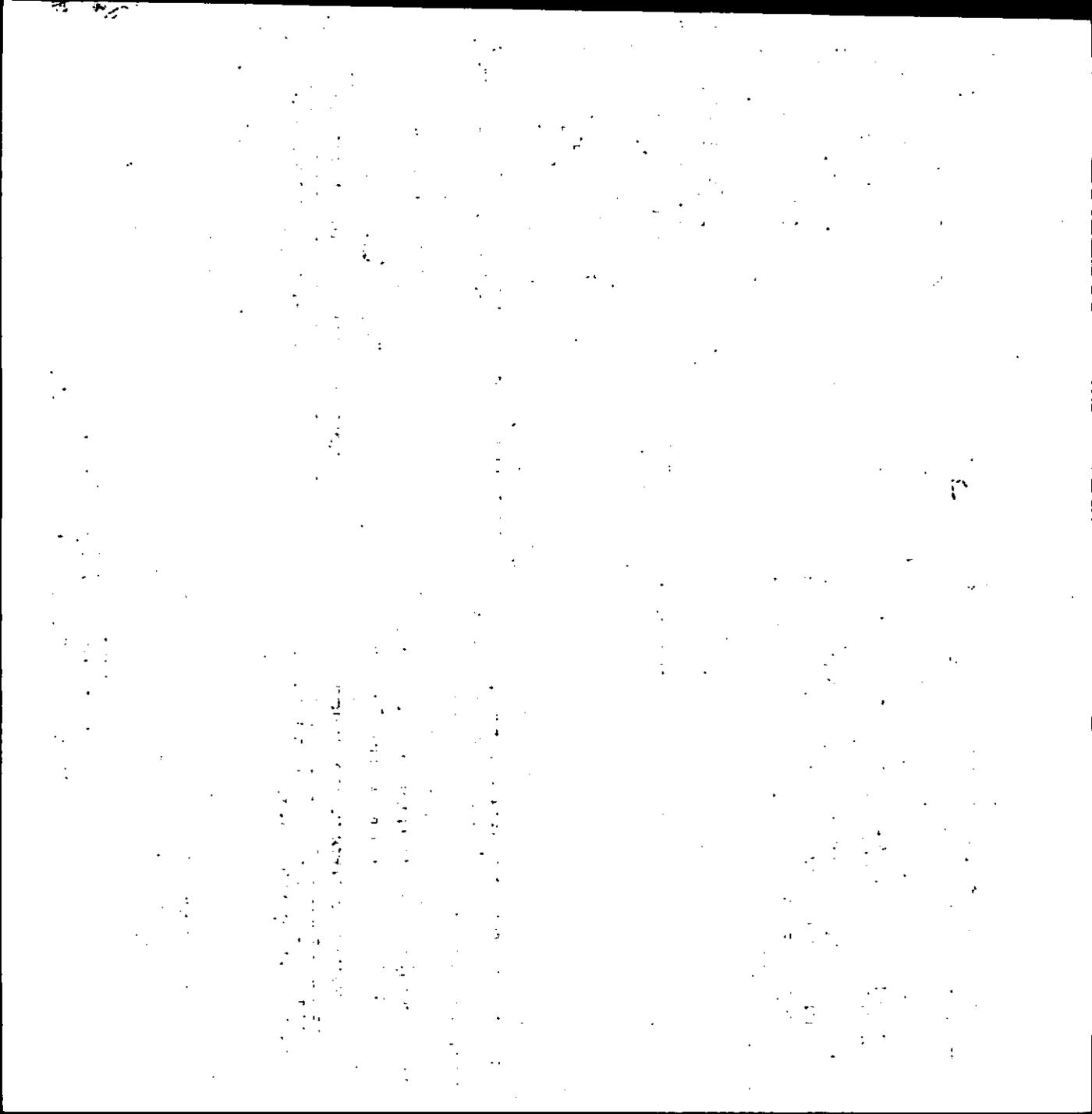
Sarcoma of Chest with Metastases
 Date of onset 1923
 Other contributory causes of importance: None

Name of operation Removal of placenta Date of operation 3-20-34
 What test confirmed diagnosis? On body Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? No Date of injury No 19
 Where did injury occur? No (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury No
 Nature of injury No

24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify
 (Signed) W. W. Dyant Jr, M. D.
 (Address) Columbia, Mo



DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
WASHINGTON

E. T. McGaugh, M. D.,
Special Agent,
Jefferson City, Mo.

11904

104

Boone

Dear Sir:

It is essential that death certificates be complete in every particular in order that proper classification may be made. You are therefore requested to make every effort to obtain the following information, indicated by check marks, lacking from the death certificate.

Name: Lilly H King
Who died at _____ on Apr 19 - 1935
Residence: No. _____ St. _____
(If nonresident, city or town)

Length of residence in city or town where death occurred: Years _____ Months _____ Days _____
Sex F Color or race W Single, married, widowed or divorced: _____

Date of birth _____ Age: Years 73 Months 3 Days 6

Occupation: (a) Trade, profession, or particular kind of work done, as spinner, lawyer, bookkeeper, etc. _____
(b) Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____

Where deceased last worked at this occupation: Month _____ Year _____
Birthplace (State or country) _____
Birthplace of father (State or country) _____
Birthplace of mother (State or country) _____

Principal cause of death: Sarcoma of chest - with metastasis
mediastinal lymph nodes

Other contributory causes of importance _____
Name of operation Removal of gland Date of _____
Was test confirmed diagnosis? _____ Was there an autopsy? 4/1

Was death 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 _____
Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____
Name of physician _____
Address of physician _____
Signature of Registrar Allie Selby

This information is sought for statistical purposes only and in order that the official report may be complete and correct. Please reply promptly using the enclosed official envelope which requires no postage.

Reg. Dist. No. 73

Primary Reg. Dist. No. 3006

Very truly yours,
E. T. McGaugh M.D.
S.C.

Special Agent.

S-11904