SEP 6 1934

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

Do not use this space.

File No. 28704

Registered No. 3

1. PLACE OF DEATH
County: Clinton
Township: Shoal
City: Cameron (No. ..... St. ..... Ward)
Registration District No. 704
Primary Registration District No. 3013

2. FULL NAME: Susan King

(a) Residence, No. ..... St., ... 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: white
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Feby 28 1869

7. AGE: Years 65 Months 5 Days 7 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): Mo

FATHER
13. NAME: James Keller
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

MOTHER
15. MAIDEN NAME: Sarah Gregory
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mo

17. INFORMANT: Mr. John Lackman
(ADDRESS): Cameron Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Evergreen Cem. DATE: Aug 6 1934

19. UNDERTAKER: O. A. Moore
(ADDRESS): Cameron Mo

20. FILED: Aug 6th 1934 D. A. Ridley Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Aug 5 1934

22. I HEREBY CERTIFY, That I attended deceased from Feb 5, 1934, to Aug 5 1934
I last saw her alive on Feb 5, 1934. Death is said to have occurred on the date stated above, at 8:15 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitral regurgitation	Dec 1933
92A	

Other contributory causes of importance:

Name of operation: — Date of: No
What test confirmed diagnosis? ..... 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) A. O. Gillilland, M. D.
(Address) Cameron 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.

WHITE PAPER, WITH CARBON INK—THIS IS A PERMANENT RECORD