

APR 9 1935

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

Do not use this space.

10857

1. PLACE OF DEATH

County..... Registration District No. **791**  
Township..... Primary Registration District No. **1003**  
City *St. Louis, Mo* (No. *City Hospital # 2*)

File No.....  
Registered No. **2180** St. \_\_\_\_\_ Ward)

2. FULL NAME

*Maggie Castleberry King*

(a) Residence, No. *344B - Laclede St.* Ward *21*  
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred *9* 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 *Colored* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Married*  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *Larry King*  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *July 19th 1894*

7. AGE YEARS MONTHS DAYS *40 8 21* If LESS than 1 day, hrs. or min.  
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *Home-wife*  
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) *Ill*

FATHER 13. NAME *John Mitchell*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Va*

MOTHER 15. MAIDEN NAME *Elizabeth Allen*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Va*

17. INFORMANT (ADDRESS) *Judy Terdema*

18. BURIAL, CREMATION, OR REMOVAL PLACE *E. St. Louis, Ill* DATE *3/16 1935*

19. UNDERTAKER (ADDRESS) *B. M. C. Green*

20. FILED *MAR 15 1935* *Jos. J. Bredeck* Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *March 12th 1935*

22. I HEREBY CERTIFY, That I attended deceased from *3-8-1935* to *3-12-1935*  
I last saw him alive on *3-12-1935* Death is said to have occurred on the date stated above, at *3:04 P.*

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

*Carcinoma of stomach*  
*Pleurisy*  
Other contributory causes of importance: *46*

Date of onset *3-8-35*

Name of operation *Clinical* Date of.....  
What test confirmed diagnosis?..... 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?.....  
If so, specify.....  
(Signed) *Russell Smith* M. D.  
(Address) *2945 - Lawton St.*

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.

WHILE SERVING WITH OUR ARMY—THIS IS A PERMANENT RECORD

