

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.

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

Do not use this space.

1. PLACE OF DEATH

County Montgomery  
Township North  
City King City (No.     )

Registration District No. 312  
Primary Registration District No. 4188

File No. 16116  
Registered No. 11  
St.      Ward     

2. FULL NAME

(a) Residence, No.      King City Mo. Ward       
(Usual place of abode)

Length of residence in city or town where death occurred 55 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M. 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs. F. Abbott  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 5 - 1866  
7. AGE YEARS 68 MONTHS 5 DAYS 22 If LESS than 1 day, ..... hrs. or ..... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework  
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) Mar 11 1935 11. Total time (years) spent in this occupation     

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

13. NAME M. T. Bever  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky  
15. MAIDEN NAME Eugene M. Martin  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) King City

17. INFORMANT (ADDRESS) Phoebe F. Abbott

18. BURIAL, CREMATION, OR REMOVAL PLACE Logansport DATE May 28 1935

19. UNDERTAKER (ADDRESS) R. H. Baggart

20. FILED May 28 1935 Donald S. Hault Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 27, 1935  
22. I HEREBY CERTIFY, That I attended deceased from Mar 11, 1935, to May 27, 1935.  
I last saw him alive on May 25, 1935. Death is said to have occurred on the date stated above, at 12:10 a.m.  
The principal cause of death and related causes of importance were as follows:

Stenophlegia Date of onset 3/11 - 35

Other contributory causes of importance: High blood pressure several years

Name of operation      Date of       
What test confirmed diagnosis?      Was there an autopsy? no

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) Mark H. Hault, M. D.  
(Address) King City Mo



JUL 20 1935

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

Do not use this space.

## 1. PLACE OF DEATH

County St. LouisRegistration District No. 312

Township

Primary Registration District No. 4188City King City

(No. \_\_\_\_\_)

St. \_\_\_\_\_

Ward \_\_\_\_\_

## 2. FULL NAME

(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

F

## 4. COLOR OR RACE

W5. SINGLE, MARRIED, WIDOWED, OR  
DIVORCED (write the word)W5A. IF MARRIED, WIDOWED, OR DIVORCED  
HUSBAND OF  
(OR) WIFE OF

## 6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

## 7. AGE

YEARS

MONTHS

DAYS

If LESS than  
day, or min.68522

OCCUPATION

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.10. Date deceased last worked at  
this occupation (month and  
year)11. Total time (years)  
spent in this  
occupation12. BIRTHPLACE (CITY OR TOWN)  
(STATE OR COUNTRY)

MOTHER

## 13. NAME

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

## 15. MAIDEN NAME

16. BIRTHPLACE (CITY OR TOWN)  
(STATE OR COUNTRY)17. INFORMANT  
(ADDRESS)

## 18. BURIAL, CREMATION, OR REMOVAL

PLACE

DATE

19

19. UNDERTAKER  
(ADDRESS)

## 20. FILED

19

Donald A. Smith  
Registrar

(Signed)

(Address)

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH (MONTH, DAY, AND YEAR)

May 27, 1935

## 22. I HEREBY CERTIFY, That I attended deceased from

, 19

, to

, 19

I last saw h. \_\_\_\_\_ alive on

, 19

Death is said

to have occurred on the date stated above, at \_\_\_\_\_ m.

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

Hemiplegia  
from cerebral thrombosis

Date of onset

Other contributory causes of importance

High blood pressure

Name of operation

Date of

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?

If so, specify

(Signed)

, M. D.

JUL 20 1985

S-16116