

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 27 1935

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

Do not use this space.

## 1. PLACE OF DEATH

County Randolph  
Township Jackson  
City .....

Registration District No. 734  
Primary Registration District No. 5968

File No. 17489  
Registered No. ....  
St. .... Ward

## 2. FULL NAME

Lucy B. King.

(a) Residence, No. N. E. Jacksonville, St. Mo. Ward.  
(Usual place of abode)

Length of residence in city or town where death occurred 15 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 F 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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 24th 1852

7. AGE YEARS 82 MONTHS 10 DAYS 29 IF LESS than 1 day, ..... hrs. or ..... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper  
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) Ky.13. NAME Richard Brock.14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky.15. MAIDEN NAME D. K.16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky.17. INFORMANT Bert D. Jacobs.  
(ADDRESS) Jacksonville, Mo.18. BURIAL, CREMATION, OR REMOVAL PLACE Mt Salem Cem. DATE May 27, 3519. UNDERTAKER Snow Funeral Home  
(ADDRESS) Moberly, Mo.20. FILED May 25, 1935 R M Carter Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 25th 1935

22. I HEREBY CERTIFY That I attended deceased from

bleed when called  
at home, 19... Death is said to have occurred on the date stated above, at 5.00 a. m.

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

Date of onset

Other contributory causes of importance:

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) J. M. ...

(Address) ...

16096-11-24-33

