OCT 2 2 1935

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

Do not use this space.

29443

1. PLACE OF DEATH
County JACKSON Registration District No. 32 File No.
Township KAW Primary Registration District No. 101 Registered No. 29443
City KANSAS CITY (No. 4026 - KENSINGTON St. Ward)

2. FULL NAME MRS. ROWENA KING
(a) Residence, No. 4026 - KENSINGTON St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 30 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): MARRIED

5A. IF MARRIED, WIDOWED, OR DIVORCED ~~HUSBAND OF~~ (OR) WIFE OF ADDIS KING

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) SEPT-3-1858

7. AGE: YEARS 76 MONTHS 11 DAYS 29 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) INDIANA

FATHER
13. NAME JOHN GRAY
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) OHIO

MOTHER
15. MAIDEN NAME SARAH TAYLOR
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) OHIO

17. INFORMANT (ADDRESS) MRS. MOLLIE McCALMON OLATHE, KANSAS

18. BURIAL, CREMATION, OR REMOVAL
PLACE MEMORIAL PARK DATE SEPT-5 1935

19. UNDERTAKER (ADDRESS) D.W. NEWCOMER'S SONS 2111 - EAST - 9TH ST.

20. FILED Sept 3 1935 M. M. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) SEPT-2, 1935

22. I HEREBY CERTIFY, That I attended deceased from Aug 31, 1935, to Sept 2, 1935
I last saw her alive on Sept 1st, 1935 Death is said to have occurred on the date stated above, at 12:50 P.m.
The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis Cerebral Hemorrhage Aug 29, 35 producing aphasia

Date of onset

Other contributory causes of importance:

93°

Name of operation — Date of —
What test confirmed diagnosis? Clinical 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?
If so, specify
(Signed) A. C. Knox, M. D.
(Address) 408 Rialto B

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.

1108 Rialto Bldg.
10:30-5