

JAN 18 1936

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

Do not use this space.

39434

1. PLACE OF DEATH

County Jackson

Registration District No. 398

Township Independence

Primary Registration District No. 2019
(No. Judith Sanitarium)

File No. _____

Registered No. 383

2. FULL NAME

Anna King

(a) Residence, No. 110 East College St., Ward. _____

(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 Widowed

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 18, 1893

7. AGE YEARS 42 MONTHS 2 DAYS 25 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home

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) Carthage Missouri

13. NAME Anna King

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

15. MAIDEN NAME Widowed

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Carthage Missouri

17. INFORMANT Elmer J. King (ADDRESS) 717 So. College, Judson

18. BURIAL, CREMATION, OR REMOVAL PLACE Woodlawn Cem DATE Dec 16 1935

19. UNDERTAKER George Carson (ADDRESS) 101 N. Glasgow, Judson

20. FILED 12-19-35 J. A. Cook Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 13, 1935

22. I HEREBY CERTIFY That I attended deceased from Dec 2 1935 to Dec 13, 1935

I last saw her alive on Dec 12, 1935 Death is said to have occurred on the date stated above, at 2 a.m.

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

Cerebral thrombosis
Arteriosclerosis

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) E. E. Krueger, M. D.
(Address) Judson

WRITE PERMANENTLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

R. J. Manning