MAR 17 1936

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

Do not use this space.

5177

1. PLACE OF DEATH
County Cole — Registration District No. 213 — File No.
Township Jefferson — Primary Registration District No. 5293 — Registered No. 40
City (Jefferson) (No. , St. Ward)

2. FULL NAME Annabell King
(a) Residence, No. Baldhill Road 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 Female
4. COLOR OR RACE W
5. ~~SINGLE, MARRIED, WIDOWED, OR~~ DIVORCED (~~write the word~~) Divorced
5A. IF MARRIED, WIDOWED, OR DIVORCED ~~HUSBAND OF~~ (OR) WIFE OF N. A. King
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April-3-1882
7. AGE YEARS 53 MONTHS 10 DAYS 4 If LESS than 1 day, hrs. or min.

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 occupation ✓

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Warren Co.

FATHER
13. NAME Julius Bothage
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Warren, Co.

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

17. INFORMANT (ADDRESS) Opal Dilley Bald Hill Road Jeff City Mo
18. BURIAL, CREMATION, OR REMOVAL
PLACE Nashville Cemetery DATE Feb 11 1936
19. UNDERTAKER (ADDRESS) Buescher Funeral Home Jefferson City, Mo.
20. FILED 2/11/ 1936 J V Bedford M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 7, 1936

22. I HEREBY CERTIFY, That I attended deceased from May 11 1935, to Feb 7, 1936
I last saw her alive on Feb 7, 1936. Death is said to have occurred on the date stated above, at 11 30 m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Adenocarcinoma Ovarus	1485

49

Other contributory causes of importance:

Name of operation Removal Tumor Date of Aug 4 1935
What test confirmed diagnosis Pregnant to Sex 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) H. J. Taylor, M. D.
(Address) Jefferson City Mo

WRITE PLAINLY, 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.

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