

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.

H. H. King

MAY 19 1936

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

Do not use this space.

14590

File No. _____
Registered No. 122
St. _____ Ward _____

1. PLACE OF DEATH

County Cole Registration District No. 213
Township _____ Primary Registration District No. 3014
City Jefferson (No. _____) St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 616 Delaware St. _____ Ward _____
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>F</u>	4. COLOR OR RACE <u>W.</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Ed. Le Witt</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June 4 - 1863</u>		
7. AGE	YEARS <u>72</u>	MONTHS <u>10</u>
	DAYS <u>9</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>	
	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

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr 13 1936

22. I HEREBY CERTIFY, That I attended deceased from Apr 1 1936 to Apr 13 1936

I last saw her alive on Apr 13 1936 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:
Chronic nephritis

Date of onset _____

Other contributory causes of importance:
Terminal pneumonia

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ 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. H. King, M. D.
(Address) Jefferson City, Mo.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
W. Va State

MOTHER FATHER

13. NAME Wm. Cole

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

15. MAIDEN NAME _____

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
W. Va

17. INFORMANT (ADDRESS)
James G. King

18. BURIAL, CREMATION, OR REMOVAL
PLACE Jefferson DATE Apr 15 36

19. UNDERTAKER (ADDRESS)
Wm. H. King

20. FILED 4/17/ 1936 Jefferson Mo Registrar

