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.

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

Do not use this space.

44834

Jan 19 1937

1. PLACE OF DEATH
County Jackson — Registration District No. 299 — File No.
Township Kaw — Primary Registration District No. — Registered No.
City Kansas City (No. 1521 Olive Street St. Ward)

2. FULL NAME Hayme King
(a) Residence, No. 1531 Olive St St., 4th 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 Negro
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Widowed wife of Joe King

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mch. 15th 1881

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
55	8	27	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife
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) Columbia Mo.

FATHER
13. NAME Hal Ridgeway
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) LC

MOTHER
15. MAIDEN NAME Hattie Smith
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

17. INFORMANT Howard King
(ADDRESS) 1531 Olive St.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Highland DATE Dec. 15th 1936

19. UNDERTAKER C. H. COUNTEE & SON
(ADDRESS) 1606 E. 18th Street.

20. FILED 12-15 1936 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-12 1936

22. I HEREBY CERTIFY, That I attended deceased from June 1936, to Dec 12 1936
I last saw he alive on Dec 12 1936. Death is said to have occurred on the date stated above, at 8 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr. Myocarditis	

Other contributory causes of importance:

Myocardial Failure

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? No
If so, specify
(Signed) [illegible], M. D.
(Address) 910 Wyandotte Bldg.

Dist.
Angle