

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

Do not use this space.

45482

JAN 21 1937

**1. PLACE OF DEATH**

County Marion

Registration District No. 547

Township Marion

Primary Registration District No. 3079

City Hannibal

(No. St Elizabeth Hospital)

File No. \_\_\_\_\_

Registered No. 317

St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Johanna King

(a) Residence No. 1221 Fulton Ave St. 4 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) Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John King

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 26. 1866

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
69      9      8

8. Trade, profession, or particular kind of work done, as spliner, sawyer, bookkeeper, etc. Retired

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) Clonmel Ireland

13. NAME Thomas Jones

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

15. MAIDEN NAME Bridget Case

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

17. INFORMANT Mr. Thomas King (ADDRESS) 1221 Fulton Ave Hannibal Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE St Marys Cem. DATE 12/9/1936

19. UNDERTAKER James O'Donnell (ADDRESS) Hannibal Mo

20. FILED Dec 14 1936 St Elizabeth Hospital Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Spec. 4th 1936

22. I HEREBY CERTIFY, That I attended deceased from Nov - 1, 1936, to Dec 4, 1936

I last saw him alive on Dec 1, 1936 Death is said to have occurred on the date stated above, at 10<sup>45</sup> P.M.

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

Intellectual Abstruction      Date of onset \_\_\_\_\_  
Post operative  
Strongly acid Stenosis

Other contributory causes of importance: \_\_\_\_\_

Name of operation Resection of Intestine Date of \_\_\_\_\_  
What terminal diagnosis? 7th 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) W. D. Ray M. D.  
(Address) Hannibal 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.

