

MAR 16 1937

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

Do not use this space.

1. PLACE OF DEATH Annan

County.....

Registration District No. 85Township St. JosephPrimary Registration District No. 1001

City.....

(No. 6648 Brown St. 2)File No. 5133Registered No. 217

St. Ward)

2. FULL NAME Issabella King(a) Residence, No. 6648 BrownSt. Ward. 1

(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

White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF
(OR) WIFE OFThomas Allen King6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 2, 1858

7. AGE

YEARS
80MONTHS
7DAYS
14If LESS than 1
day, ... hrs.
or min.

OCCUPATION

8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.Housewife9. 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) Unknown
(STATE OR COUNTRY) Indiana

FATHER

13. NAME Johnathan Dittmore14. BIRTHPLACE (CITY OR TOWN) Unk own
(STATE OR COUNTRY) Indiana

MOTHER

15. MAIDEN NAME Mary Grace16. BIRTHPLACE (CITY OR TOWN) Unknown
(STATE OR COUNTRY) Indiana17. INFORMANT Henry King
(ADDRESS) 405 E. Missouri Ave.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Bethel Cem. DATE Feb. 19, 193719. UNDERTAKER Clark Mortuary
(ADDRESS) 5025 King Hill Ave.

20. FILED

Feb 17, 1937H. J. Neelbach

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 16, 193722. I HEREBY CERTIFY, That I attended deceased from
Dec 27, 1936 to Feb 16, 1937I last saw h. or alive on Feb 16, 1937 Death is saidto have occurred on the date stated above, at 12:30 P.M.

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

Chronic myocardial
insufficiency
(Myocardial)

Date of onset

unknown

Other contributory causes of importance:

arteriosclerosis
GeneralunknownName of operation None Date of Feb 16, 1937What test confirmed diagnosis? Culture 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 Feb 16, 1937Where did injury occur? Home

(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) Arthur A. Han M. D.(Address) Clark Mortuary

