

APR 20 1937

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

Do not use this space.

1. PLACE OF DEATH

County

Registration District No.

411 1007

File No.

12248

Township

Primary Registration District No.

Registered No.

City

(No. of ...)

St.

Ward

2. FULL NAME

(a) Residence, No.

(Usual place of abode)

E. 70th Street

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 *W* 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) *Nov 23 1870*

7. AGE YEARS *65* MONTHS *6* DAYS *3* If LESS than 1 day, ... hrs. or ... mds. *24*

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *house duties*

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) *Ill*

13. NAME *Strote*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *No record*

15. MAIDEN NAME *No record*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *No record*

17. INFORMANT (ADDRESS) *The Father, ...*

18. BURIAL (Name, No., or Name of PLACE) *Forest Park ...*

19. UNDERTAKER (ADDRESS) *Ed D. Jensen*

20. FILED *3-22-37* Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *3-20-37*

22. I HEREBY CERTIFY, That I attended deceased from *3-20*, 19*37*, to *3-20*, 19*37*

I last saw her dead *Wed. No. 20, 1937* Death is said

to have occurred on the date stated above, at *7 A.M.*

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

*Suicide*  
*Gun shot wound in upper abdomen*

Other contributory causes of importance:

Name of operation *None* Date of *16/7*

What test confirmed diagnosis? *View* Was there an autopsy? *Yes*

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? *suicide* Date of injury *3/20/37*

Where did injury occur? *at her home* (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury *gun shot - abdomen*

Nature of injury *fatal wound in abdomen*

24. Was disease or injury in any way related to occupation of deceased? *no*

If so, specify

(Signed) *E. W. Winchester, Coroner*

(Address) *Joplin, Mo.*

MARGIN RESERVED FOR BINDING  
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.

