

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

APR 29 1937

1. PLACE OF DEATH
 County Washington Registration District No. 1103
 Township _____ Primary Registration District No. 6186
 City _____ (No. _____) St. _____ Ward _____

2. FULL NAME Maggie Elizabeth King
 (a) Residence, No. _____ St. _____ 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.

File No. 14006

Registered No. _____
St. _____ Ward _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May - 30 1866

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
<u>76</u>	<u>7</u>	<u>18</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____
 OCCUPATION 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 spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lombard Mo.

13. NAME Judson and Madeline
 FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Page, Mo.
 MOTHER 15. MAIDEN NAME Elizabeth Sawyer
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

17. INFORMANT (ADDRESS) Bo B. King, Suburban Mo.

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Spring DATE 1-20 1937

19. UNDERTAKER (ADDRESS) Jed. Williams, 2121 S. 1st St. Mo.

20. FILED 3-15-1937 Theo. O'Hannon
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-18 1937

22. I HEREBY CERTIFY, That I attended deceased from 1-15 1937, to 1-18 1937
 I last saw him alive on 1-15 1937 Death is said to have occurred on the date stated above, at 11 a. m.
 The principal cause of death and related causes of importance were as follows:
Pneumonia Date of onset 1/14/37
Pertussis 5 m
 Other contributory causes of importance:
Chorea Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ 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) A. Proctor, M. D.
 (Address) Suburban 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.

FORM 1 X7044

