MAY 18 1937

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

Do not use this space.

1. PLACE OF DEATH
County Buchanan — Registration District No. 85 — File No. 15784
Township — Primary Registration District No. 1001 — Registered No. 489
City St. Joseph, (No. 1825 Mary St. Ward)

2. FULL NAME Hattie King
(a) Residence, No. 1825 Mary St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)
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: Colored
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Tom King
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 3/11/1865.
7. AGE: 72 YEARS, 1 MONTHS, 11 DAYS. If LESS than 1 day, ...hrs. or ...min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Domestic
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): Elwood, Kansas.

FATHER
13. NAME: Redmond Harrington.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Missouri.

MOTHER
15. MAIDEN NAME: Martha Willard.
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ky.

17. INFORMANT (ADDRESS): Mrs. J. W. Johnson, 1825 Mary
18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt. Mora Cemetery DATE 4/26/'37.
19. UNDERTAKER (ADDRESS): Graves Funeral Home. 806 S. 17th.
20. FILED April 26, 1937 H. J. Nestlebush By JC Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4/22/'37. , 19

22. I HEREBY CERTIFY, That I attended deceased from 15 Jan, 1937, to 22 April, 1937
I last saw her alive on 22 April, 1937 Death is said to have occurred on the date stated above, at 4:30 P. M.
The principal cause of death and related causes of importance were as follows:
Cerebral Hem
Onboge Apoplexy
Date of onset 15 Jan 37

Other contributory causes of importance: Senility 82 a

Name of operation: None Date of
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? No 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 None
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify None
(Signed) [signature], M. D.
(Address) St. Joseph 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.

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