

AUG 30 1937

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

Do not use this space.

28239

## 1. PLACE OF DEATH

County St. Francis Registration District No. 224 File No. 214  
Township St. Francis Primary Registration District No. 4468 Registered No. \_\_\_\_\_  
City Flat River St. \_\_\_\_\_ Ward) \_\_\_\_\_

## 2. FULL NAME

Isabelle 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.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>F</u>	4. COLOR OR RACE <u>W.</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Alfred W. King</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 30<sup>th</sup> 1854</u>		
7. AGE	YEARS	MONTHS
	<u>83</u>	<u>2</u>
		<u>2</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housekeeper</u>		
9. Industry or business in which work was done, as silk mill, saw mill, etc. <u>home</u>		
10. Date deceased last worked at this occupation (month and year) <u>8/2 37</u>		
11. Total time (years) spent in this occupation <u>60</u>		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Francis Mo.</u>		
13. NAME <u>Joel Gordon</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Virginia</u>		
15. MAIDEN NAME <u>Sarah Johnson</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>England</u>		
17. INFORMANT <u>Anna Lundy</u> (ADDRESS) <u>Flat River Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL <u>Libertyville Mo</u> (ADDRESS) <u>8-4 37</u>		
19. UNDERTAKER <u>Caldwell Bros</u> (ADDRESS) <u>Flat River Mo</u>		
20. FILED <u>8/2 19 37</u> <u>O. B. Starnes</u> Registrar.		

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 2, 1937

22. I HEREBY CERTIFY, That I attended deceased from July 29, 1937, to Aug 2, 1937.  
I first saw her alive on July 29, 1937. Death is said to have occurred on the date stated above, at \_\_\_\_\_ m.  
The principal cause of death and related causes of importance were as follows:  
Chor Myocarditis  
Senility  
Other contributory causes of importance AB

Name of operation no Date of \_\_\_\_\_  
What test confirmed diagnosis? Ecm 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) O. B. Starnes, M. D.  
(Address) Flat River

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.

X7294

