

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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REC'D MAR 23 1938

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

Do not use this space.

1. PLACE OF DEATH

County Platte
Township Carroll
City Platte-City (No. _____)

Registration District No. 696
Primary Registration District No. 5924

File No. 7847
Registered No. 3

2. FULL NAME

Dovie Marie King 520

(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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 7-18-1903

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
34 6 25

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home
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) Troy (STATE OR COUNTRY) Kansas

13. NAME William King

14. BIRTHPLACE (CITY OR TOWN) Platte Co. (STATE OR COUNTRY) Mo.

15. MAIDEN NAME Mary Dix

16. BIRTHPLACE (CITY OR TOWN) Lyons Co. (STATE OR COUNTRY) Kansas

17. INFORMANT Mrs. Mary King (ADDRESS) Platte City Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Platte City Mo DATE Feb, 15, 1938

19. UNDERTAKER L. F. Rollins (ADDRESS) Platte City Mo.

20. FILED 2-15 1938 Mrs. Francis E. Murray Registrar. 1/27

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-13-1938 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept 13, 1937, to Feb. 13, 1938. I last saw her alive on Feb. 13, 1938. Death is said to have occurred on the date stated above, at 9 P. m.

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

Acute Myocarditis Feb. 13
A. J. H.

Other contributory causes of importance:

Name of operation _____ Date of _____
What test confirmed diagnosis? chem. 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? _____
If so, specify _____
(Signed) J. E. Van Winkle M.D.
Platte City, Mo.

