

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.

REC'D APR 15 1938

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

Do not use this space.

1. PLACE OF DEATH

County Jackson
Township
City Independence (No. 501-40, Grand)

Registration District No. 398
Primary Registration District No. 3019

File No. 10967
Registered No. 94
St. _____ Ward)

2. FULL NAME

Emma J. King 52.0
(a) Residence, No. 501 South Grand St., _____ Ward.
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. da. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|---|---|---|
| 3. SEX <u>Female</u> | 4. COLOR OR RACE <u>white</u> | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u> |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>George S. King</u> | | |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Mar-17-1888</u> | | |
| 7. AGE | YEARS <u>50</u> | MONTHS <u>0</u> |
| | DAYS <u>7</u> | If LESS than 1 day, _____ hrs. or _____ min. |
| OCCUPATION | 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>House wife</u> | |
| | 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>at home</u> | |
| | 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____ | |
| MOTHER | 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Callittan Missouri</u> | |
| | 13. NAME <u>John Gleason</u> | |
| | 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>unknown</u> | |
| | 15. MAIDEN NAME <u>unknown</u> | |
| FATHER | 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>unknown</u> | |
| | 17. INFORMANT (ADDRESS) <u>George S. King 501 South Grand Ave</u> | |
| 18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Green Lawn</u> DATE <u>Mar 26 1938</u> | | |
| 19. UNDERTAKER (ADDRESS) <u>George DePasqua 2001 S. 2nd St. Independence Mo</u> | | |
| 20. FILED <u>3-29-38</u> <u>J. H. Cook</u> Registrar. | | |

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-24, 1938

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.

I last saw h. _____ alive on _____, 19____. 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:

La Grippe
La Grippe
(by extension)

Other contributory causes of importance:
Broncho pneumonia

Name of operation _____ Date of _____

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

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) Glenn Dylor, M. D.
360 (Address) Dylor

I-20314

OCT 10 1949