

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

Do not use this space.

36104

1. PLACE OF DEATH

54 County Lafayette Registration District No. 457
Township Madison Primary Registration District No. 4269
City Wellville (No. 520) St. _____ Ward _____

File No. _____
Registered No. 91

2. FULL NAME

Mayeaw King
(a) Residence, No. _____, 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

MEDICAL CERTIFICATE OF DEATH

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

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

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

22. I HEREBY CERTIFY, That I attended deceased from Oct 21, 1938 to Oct 21, 1938
I last saw her alive on Oct 20, 1938 Death is said to have occurred on the date stated above, at 6:30 pm.
The principal cause of death and related causes of importance were as follows:

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July-4-1935

Illio Colitis
Date of onset _____

7. AGE. YEARS 3 MONTHS 8 DAYS 17 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. ✓
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

Other contributory causes of importance: _____
Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

12. BIRTHPLACE (CITY OR TOWN) St Louis 0
(STATE OR COUNTRY) Missouri 0

MOTHER FATHER
13. NAME Russel King 0

14. BIRTHPLACE (CITY OR TOWN) St Louis 0
(STATE OR COUNTRY) Missouri

MOTHER
15. MAIDEN NAME Emma Alender

16. BIRTHPLACE (CITY OR TOWN) Hodge
(STATE OR COUNTRY) Lafayette Co, MO

17. INFORMANT Mrs Emma King
(ADDRESS) Wellville, MO

18. BURIAL, CREMATION, OR REMOVAL
PLACE Hopkinsville MO DATE Oct-23-1938

19. UNDERTAKER A. F. Deussing
(ADDRESS) Concordia MO

20. FILED Oct 22 1938 Ferdinand Shyman 412
Registrar.

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 Illio Colitis
(Signed) J. P. Johnson, M. D.
(Address) Concordia

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 11/3/38