

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

Do not use this space.

DEC'D MAR 15 1930

8088

1. PLACE OF DEATH

County Vernon
 Township
 City Walker (No.)

Registration District No. 550
 Primary Registration District No. 45-23

File No.
 Registered No. 2 St. Ward)

2. FULL NAME

(a) Residence, No. 2 Henry D. King St. Ward 1

(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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widow</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Jas. R. King</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb 1-1868</u>		
7. AGE	YEARS <u>71</u>	MONTHS <u>X</u>
	DAYS <u>14</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>Housewife</u>	
	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 <u>0</u>

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 15 1930

22. I HEREBY CERTIFY, That I attended deceased from Feb 14 1930, to Feb 15 1930. I last saw him alive on Feb 15 1930. Death is said to have occurred on the date stated above, at 10:35 a.m. The principal cause of death and related causes of importance were as follows:
Arterio Sclerosis
 Date of onset

Other contributory causes of importance:
arterio

FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Lynn Co. Mo.</u>
	13. NAME <u>Joe Cooper</u>
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Don't know</u>
	15. MAIDEN NAME <u>Mildred Gouch</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Don't know</u>
17. INFORMANT (ADDRESS) <u>Joe King Walker Mo</u>	
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Walker Vernon</u> DATE <u>2-17-30</u>	
19. UNDERTAKER (ADDRESS) <u>Chas. Waggoner</u>	
20. FILED <u>2/14 1930</u> <u>C. B. Davis</u> Registrar.	

Name of operation Date of
 What test confirmed diagnosis? Cholesterol 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) C. B. Davis M. D.
 (Address) Walker Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED
District Health Officer No. 7,
District File Number 7-39-417
Date Filed 3-14-39