Dr. Craig

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

NOV 20 1939

35583
Do not use this space.

1. PLACE OF DEATH
(a) County Buchanan / Registration District No. 85
(b) Township / Primary Registration District No. 1001 Registered No. 1104
(c) City St. Joseph / (d) Street No. St. Joseph Hospital St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Victoria King
(a) Residence, No. 505½ North 2nd, St. St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: Colored
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*): Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): ?-?-1885

7. AGE: YEARS 54 MONTHS ? DAYS ? If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Housework
9. Industry or business in which work was done, as 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) (STATE OR COUNTRY): Unknown / Unknown ?

FATHER
13. NAME: Unknown ?
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown / Unknown ?

MOTHER
15. MAIDEN NAME: Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown / Unknown

17. INFORMANT (ADDRESS): Hospital Records, St. Joseph, Hospital,

18. BURIAL, CREMATION, OR REMOVAL
PLACE City Cemetery DATE 10-28-'39

19. FUNERAL DIRECTOR (ADDRESS): Graves Funeral Home. 806 South 17th, Street.

20. FILED 10/30, 1939 H. Matthews Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): October 26, 1939

22. I HEREBY CERTIFY, That I attended deceased from 10-20, 1939, to 10-26, 1939

I last saw her alive on 10-26, 1939. Death is said to have occurred on the date stated above, at 8:10 A.M.

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

	Date of onset
Pellagra	–
Senility	
Vitamin deficiency	

Other contributory causes of importance: 6W

Name of operation: Date of:
What test confirmed diagnosis? Clin. 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) Merle W. Craig, M. D.
85 (Address) St. Joseph Mo

(Licensed Embalmer's Statement on Reverse Side)

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.

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STATEMENT BY LICENSED EMBALMER

I, A. T. Moore, Licensed Embalmer No. 948

hereby certify that the body recorded on the reverse side of this certificate was embalmed by Me

L. E.

No. 948 or by, Registered Apprentice No.

working under my personal supervision.

Signed A. T. Moore

Licensed Embalmer No. 948

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)