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.

FILED FEB 17 1941

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

Do not use this space. 3630

1. PLACE OF DEATH
County Nodaway Co. Registration District No. 625 File No.
Township Primary Registration District No. 3031 Registered No. 8
City Maryville (No. St. Frances Hospital O St. 3 Ward)

2. FULL NAME Mrs. Mary Etta King
(a) Residence, No. Rock Port St., Mo. Ward. 1 (If nonresident, give city or town and State)
(Usual place of abode)
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) Widow 2
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Henry King
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 18 1868
7. AGE YEARS 72 MONTHS 9 DAYS 29 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. house wife
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) (STATE OR COUNTRY) Rock Port Mo 0

FATHER
13. NAME Joseph Staley
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio 1

MOTHER
15. MAIDEN NAME Jane Walser
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown 9

17. INFORMANT (ADDRESS) Mr. Lawrence King Rock Port Mo.
18. BURIAL, CREMATION, OR REMOVAL
PLACE Rock Port Mo DATE Jan 19 1941
19. UNDERTAKER (ADDRESS) J. B. Bertram Rock Port Mo
20. FILED Jan 20 1941 Mamie E. Clardy Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 17, 1941
22. I HEREBY CERTIFY, That I attended deceased from Jan 17, 1941, to Jan 17, 1941
I last saw her alive on Jan 17, 1941. 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:

	Date of onset
Burns, 2nd & 3rd degree of entire body surface	Jan 17, 41
Other contributory causes of importance: Shock	Jan 17, 41

180-1

Name of operation None Date of
What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Accident Date of injury Jan 17, 1941
Where did injury occur? Rock Port, Atchison, Mo. (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Home
Manner of injury accidental fire in home
Nature of injury Burns from house fire

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) Emmett B. Settle M. D.
(Address) Rock Port, Mo.