

DEC 22 1930

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

Do not use this space.

35953

1. PLACE OF DEATH

County Henry
Township Clinton
City Clinton (No. _____) (St. _____) (Ward _____)

Registration District No. 347
Primary Registration District No. 3018

File No. _____
Registered No. 88

2. FULL NAME

Elizabeth Jane King
(a) Residence No. East Jefferson St. _____ Ward _____
(Usual place of abode) (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

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb 14 1885

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
75 9 3

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work House work
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Anderson
(STATE OR COUNTRY) _____

PARENTS
10. NAME OF FATHER Milton Langley
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Don't know
(STATE OR COUNTRY) _____
12. MAIDEN NAME OF MOTHER Don't know
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Don't know
(STATE OR COUNTRY) _____

14. INFORMANT Maragret King
(Address) Clinton Mo

15. FILED 11/18 1930 Edw. C. Peeler
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov 17 1930

17. I HEREBY CERTIFY, That I attended deceased from Nov 17, 1930, to Nov 17, 1930 that I last saw her alive on Nov 17, 1930 and that death occurred, on the date stated above, at 9:15 A. M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

75 Cerebral Hemorrhage
82A

CONTRIBUTOR (SECONDARY) 74
(duration) yrs. _____ mos. 3 hrs ds. _____

18. WHERE WAS DISEASE CONTRACTED _____
IF NOT AT PLACE OF DEATH _____

DID AN OPERATION PRECEDE DEATH? no DATE OF _____

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS clinical
(Signed) W. C. Lusk, M. D.
. 19 (Address) Clinton Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Englewood Cem DATE OF BURIAL 11/19 1930

20. UNDERTAKER Spore + son ADDRESS Clinton Mo

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.

FEB 6 1958