

FEB 19 1936 MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

Do not use this space.

1040

1. PLACE OF DEATH

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

Registration District No. 347  
Primary Registration District No. 5788

File No. ....  
Registered No. ....

2. FULL NAME Marguerite King

(a) Residence, No. Clinton mo. R. 5 St. .... Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. 4 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) June 30, 1936

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

22. I HEREBY CERTIFY, that I attended deceased from June 16, 1936 to June 30, 1936  
I last saw her alive on June 28, 1936 Death is said to have occurred on the date stated above, at 4:15 a.m.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 10, 1858

The principal cause of death and related causes of importance were as follows:  
Several Hemorrhages Date of onset 4/19/36

7. AGE YEARS 77 MONTHS 9 DAYS 13 If LESS than 1 day, .... hrs. or .... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

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 Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Clinton Co. Mo.

13. NAME William King

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

15. MAIDEN NAME Maratha Innes

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT Chas. King (ADDRESS) Clinton Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Fieldmore DATE 2-1-36

19. UNDERTAKER William's Funeral Home (ADDRESS) Clinton Mo.

20. FILED 2-1-36 J. R. Hampton Registrar.

Other contributory causes of importance: None

Name of operation ..... 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? ..... 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) S. W. Wolcott, M. D.  
(Address) Clinton Mo.

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

