

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

Do not use this space.

40616

1. PLACE OF DEATH

County GENTRY.
Township JACKSON
City KING CITY. (No. _____) St. _____ Ward _____

Registration District No. 312
Primary Registration District No. 4188

File No. _____
Registered No. 23

2. FULL NAME

MRS. LUCINDA FREDERICK.

(a) Residence, No. KING CITY, MO. St. _____ Ward _____

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 4 yrs. 0 mos. 0 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*) WIDOWED.

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) MAY. 22, 1846.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
85 6 13.

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 _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) OHIO.

13. NAME WILLIAM McKINNIS.

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

15. MAIDEN NAME DU HADWAY.

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wickham
GEO. FREDERICK.

17. INFORMANT KING CITY, MO.

18. BURIAL, CREMATION, OR REMOVAL PLACE KING CITY, CEMETERY. DATE 12/8/31

19. UNDERTAKER H. D. WILSON (ADDRESS) KING CITY, MO.

20. FILED Sec 6 31 A. H. Boucette Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) DEC. 5. 1931.

22. I HEREBY CERTIFY, That I attended deceased from 12/5, 1931, to 12/07/31, 1931.

I last saw him alive on 12/0, 1931. Death is said

to have occurred on the date stated above, at 12:20 A.M.

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

acute dilatation of heart.
95B 95B
102
Other contributory causes of importance: senility

Date of onset

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ 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?
If so, specify _____
(Signed) E. Blacklock, M. D.
(Address) KING CITY, 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 very important.

