

This is a certified copy
Mildred D. King, Registrar of V.S.

Dist. No. 5156
To be inserted by registrar

1 PLACE OF DEATH: STATE OF NEW YORK
County Suffolk
Town Shelter Island
Village
City Ward
No. St.
(If a hospital or institution give its NAME instead of street and number)

2 USUAL RESIDENCE OF DECEASED: { If an institution, give plac
residence prior to admis
State New York
County Suffolk
Town Shelter Island
Village
City
No.

Length of stay:
In hospital or institution yrs. mos. days
In town, village or city yrs. mos. days

Is residence within limits of city or incorporated village?

3 Full Name CARRIE MARIA KING

4 (a) Social Security No. 4 (b) If Veteran, Name War

5 Sex Female 6 COLOR OR RACE white 7 Single, Married, Widowed, or Divorced (Write the word) married

8 IF MARRIED, WIDOWED OR DIVORCED, Name of Husband (or) Wife Emmet Alonzo King Age if alive years

9 DATE OF BIRTH (month, day, year) Dec. 9 - 1863

10 AGE Years 66 Months 3 Days 14 IF LESS than 1 day, hrs. or min.

11 Usual occupation Housewife

12 Industry or business

13 BIRTHPLACE (City or Town) South Gilboa, N.Y. (State or Country)

FATHER 14 NAME Calvin Stevens

15 BIRTHPLACE (City or Town) South Gilboa, N.Y. (State or Country)

MOTHER 16 MAIDEN NAME Emeline Osborne

17 BIRTHPLACE (City or Town) Suffolk Co. N.Y. (State or Country)

18 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
Informant's own signature Vincent E. King
Address Shelter Island, N.Y.

19 PLACE OF BURIAL, CREMATION OR REMOVAL Shelter Isl. Cemetery Mar. 26 1930 DATE OF BURIAL

20 UNDERTAKER OR PERSON IN CHARGE (Signature) S. M. Horton ADDRESS Greenport, N.Y.

UNDERTAKER'S License No. 5158

21 Date received Mar. 26, 1930 E. P. Baldwin Signature of Registrar or Subregistrar

Burial or Transit } Permit issued by E. P. Baldwin

MEDICAL CERTIFICATION

22 DATE OF DEATH (Month, Day and Year) March 23 - 1930

23 I HEREBY CERTIFY, That I attended deceased from Dec. 23, 1930, to Mar 23, 1930
I last saw her alive on Mar. 21, 1930

To the best of my knowledge, death occurred on the date stated above, at 11 P. m.

Immediate cause of death Chronic nephritis

Due to Metral regurgitation

Due to
Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations Date

Of autopsy no

What laboratory test was made? Urinalysis

24 If death was due to external cause, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur?
(d) Did injury occur in or about home, on farm, in industrial place, in public place? While at work?
(e) Means of injury

25 Signature Chas. J. Grier Address Date Mar

DURATION OF ILLNESS OR CONDITION		
Yrs.	Mos.	Days
	4	
	8	

PHYSICIAN Underline the cause to which death should be charged.

THIS CERTIFICATE MUST BE FILED WITH THE LOCAL REGISTRAR WITHIN 72 HOURS AFTER DEATH
N.B.—WRITE LEGIBLY WITH DURABLE BLACK INK—THIS IS A PERMANENT RECORD. 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 statements of RESIDENCE and OCCUPATION are very important. See instructions on back of certificate.