

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

Do not use this space.

17902

1. PLACE OF DEATH
 County New Madrid Registration District No. 604
 Township " " Primary Registration District No. 5802
 City _____ (No. _____) St. _____ Ward _____

2. FULL NAME Otis King
 (a) Residence, No. _____ St. _____ Ward _____
 (Usual place of abode)
 Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Don't Know

7. AGE	YEARS	MONTHS	DAY	IF LESS than 1 day, hrs. or min.
<u>About 45</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>

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

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 5-22 1928

17. I HEREBY CERTIFY, That I attended deceased from 5-17 1928, to 5-22 1928, that I last saw him alive on 5-22 1928, and that death occurred, on the date stated above, at 9 am.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Appendicitis
1213 (acute)
 (duration) yrs. mos. 10 da.
 CONTRIBUTORY (SECONDARY) 117B
 (duration) yrs. mos. da.

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

10. NAME OF FATHER Don't Know

11. BIRTHPLACE OF FATHER (CITY OR TOWN) " " (STATE OR COUNTRY) " "

12. MAIDEN NAME OF MOTHER " " " " (STATE OR COUNTRY) " "

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) " " (STATE OR COUNTRY) " "

14. INFORMANT Mrs J and Lawrence Mo (Address) _____

15. FILED 4/4 28 W. B. Benson REGISTRAR

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

1 DID AN OPERATION PRECEDE DEATH? Yes DATE OF 5-17-28
 WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS Pharyngeal Exam.
 (Signed) A. A. Grayfield M. D.
614, 1928 (Address) Sikeston, 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 Lawrence Mo DATE OF BURIAL 5/28 1928

20. UNDERTAKER Hillman Lacked Co ADDRESS Lawrence 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.

JUL 7

