

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

Do not use this space.  
28092

1. PLACE OF DEATH  
 County Reynolds Registration District No. 651  
 Township Caruthersville Primary Registration District No. H. 388  
 City Isaac (Name) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Isaac 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. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male  
 4. COLOR OR RACE Black  
 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 5-29-27

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
1 | 2 | 11 | 12 | hrs. min.

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

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 8-10 1928  
 17. I HEREBY CERTIFY, That I attended deceased from 7/6/28  
seen only once  
 that I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_ 19 \_\_\_\_\_ and that death occurred, on the date stated above, at \_\_\_\_\_ 4:30 p.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

11913 Colitis  
 (duration) yrs. mos. ds.  
 CONTRIBUTORY (SECONDARY) 1130  
 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED  
 IF NOT AT PLACE OF DEATH \_\_\_\_\_  
 DID AN OPERATION PRECEDE DEATH \_\_\_\_\_ DATE OF \_\_\_\_\_  
 WAS THERE AN AUTOPSY \_\_\_\_\_  
 WHAT TEST CONFIRMED DIAGNOSIS \_\_\_\_\_  
 (Signed) J. B. Shelton M. D.  
 (Address) Chamberalls Mo

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Mason Cemetery DATE OF BURIAL 8-11 1928  
 20. UNDERTAKER J. S. Smith ADDRESS Caruthersville Mo

9. BIRTHPLACE (CITY OR TOWN) \_\_\_\_\_ (STATE OR COUNTRY) Mo

PARENTS  
 10. NAME OF FATHER M. C. King  
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) \_\_\_\_\_ (STATE OR COUNTRY) Miss  
 12. MAIDEN NAME OF MOTHER Rona Burn  
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) \_\_\_\_\_ (STATE OR COUNTRY) Miss

14. INFORMANT M. C. King  
 (Address) Caruthersville

15. FILED Sept 28 1928 Ada Martin REGISTRAR

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.

