

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

Do not use this space.

1. PLACE OF DEATH

24 County St. Francois
Township 1
5 City Farmington (No.)

Registration District No. 773
Primary Registration District No. 4464

File No. 19094
Registered No. 61
St. Ward)

42. FULL NAME

James C. King Jr.

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

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov 7 - 1921

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
9 4 1/2 26 1/2

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Child
(b) General nature of industry, business, or establishment in which employed (or employer).
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Hopkinsville Ky.
(STATE OR COUNTRY)

10. NAME OF FATHER James C. King

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

12. MAIDEN NAME OF MOTHER Betty S. Rulland

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

14. INFORMANT James C. King
(Address) Farmington Mo.

15. FILED 5-2-31 T. J. Robinson
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 7 1931

17. I HEREBY CERTIFY, That I attended deceased from April 26, 1931, to May 2, 1931, that I last saw him alive on May 2, 1931, and that death occurred, on the date stated above, at 3:40 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Scarlet Fever

CONTRIBUTORY (SECONDARY) 8 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

19. DID AN OPERATION PRECEDE DEATH? DATE OF 1

20. WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) Geo. R. Watkins, M. D.

5-2-1931 (Address) Farmington 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 Hopkinsville Ky. DATE OF BURIAL May 11 1931

20. UNDERTAKER Farmington Mo. ADDRESS Farmington 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.

JUN 29 1931

