

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

Do not use this space.

34095

1. PLACE OF DEATH

County Dunklin
Township Cotton Hill
City (No.)

Registration District No. 289
Primary Registration District No. 5407

File No.
Registered No. 68 St. Ward

2. FULL NAME Patsy Sue King

(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 yrs. mos. 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) Infant ✓
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Infant

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 24-1931
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 7 11

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant ✓
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Infant ✓
10. Date deceased last worked at this occupation (month and year) Infant ✓ 11. Total time (years) spent in this occupation Infant ✓

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Malden Mo.

FATHER 13. NAME Raymond King
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Clarkton Mo.

MOTHER 15. MAIDEN NAME Opal L. Cooper
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Malden Mo.

17. INFORMANT (ADDRESS) Raymond King Malden Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Grove DATE 10-5-31

19. UNDERTAKER (ADDRESS) W. L. Craig Malden Mo.

20. FILED 1095 1931 S. E. Mitchell Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from Oct 3rd 1931 to Oct 5 1931. I last saw him alive on Oct 4 1931. Death is said

to have occurred on the date stated above, at 1 a. m.
The principal cause of death and related causes of importance were as follows:

Acute Intestinal Intoxication Date of onset 9/25/31
119
119
Other contributory causes of importance: Rickets 119
Tetany about 6 mos 10/1/31

Name of operation none Date of
What test confirmed diagnosis? clinical Was there an autopsy? no

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? no
If so, specify
(Signed) John D. McAllister M. D.
(Address) Malden Mo

N. I. - 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.

1095 24 1931

