

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

Do not use this space.

41095

**1. PLACE OF DEATH**

County Jackson  
Township Kaw  
City Kansas City, Mo. (No. ....)

399

Registration District No. ....  
Primary Registration District No. 1002  
St Marys Hospital

File No. 5084  
Registered No. ....  
St. .... Ward

**2. FULL NAME**

Norman King

(a) Residence, No. .... St. .... Ward. Snyder, Mo.  
(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 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 OO

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Unknown

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, .... hrs. or .... min.  
About 17

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ....

10. Date deceased last worked at this occupation (month and year) .... 11. Total time (years) spent in this occupation ....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

13. NAME Jerry King

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

15. MAIDEN NAME ~~Jerry King~~ Ola Stephenson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT Coroners Record  
(ADDRESS) ....

18. BURIAL, CREMATION, OR REMOVAL PLACE Triplett, Mo. DATE 12-28-31

19. UNDERTAKER R.V. Lindsey & Sons, Inc.  
(ADDRESS) ....

20. FILED 12/24/31 W. M. Crow Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-23, 1931

22. I HEREBY CERTIFY, That I attended deceased from 1000 1/2 E. 23rd, 1931 to 1000 1/2 E. 23rd, 1931.

I last saw h. .... alive on 12-23, 1931. Death is said to have occurred on the date stated above, at 1000 1/2 E. 23rd m.

The principal cause of death and related causes of importance were as follows:

Accidental Rail Road Date of onset 12-23-31  
fracture  
207 M

Other contributory causes of importance Rail road by train  
fracture

Name of operation fracture Date of 12-23-31

What test confirmed diagnosis fracture Was there an autopsy Yes

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Accident Date of injury 12-23-31

Where did injury occur? 1000 1/2 E. 23rd (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury fracture  
Nature of injury fracture

24. Was disease or injury in any way related to occupation of deceased? If so, specify fracture

(Signed) Shelley P. Hall M. D.  
(Address) 1000 1/2 E. 23rd

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.

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

**1. PLACE OF DEATH**

County..... Registration District No. 399  
 Township..... Primary Registration District No. 1002  
 City Kans City (No. ....) St. .... Ward .....

File No. ....  
 Registered No. 3084

**2. FULL NAME**

(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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) S

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .... hrs. or .... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

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

13. NAME

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

15. MAIDEN NAME

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE ..... DATE ..... 19...

19. UNDERTAKER (ADDRESS)

20. FILED 12/24 19 31 M. M. Crowe Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12/23 1931

22. I HEREBY CERTIFY, That I attended deceased from ..... to ..... 19.....

I last saw h..... alive on ..... 19..... Death is said

to have occurred on the date stated above, at..... m.

The principal cause of death and related causes of importance were as follows:

Accidental Railroad Date of onset  
traumatism

Other contributory causes of importance:

Ran over by train

Name of operation No Automobile Involvement Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

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?.....

If so, specify

(Signed) Stanley M. Hall, M. D.

(Address) .....

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. REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW.

SUPPLEMENTARY

S-41095