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

Do not use this space.

10516

APR 24 1933

PLACE OF DEATH

County: Nodaway — Registration District No. 630

Township: ~~Hughes~~ Monroe — Primary Registration District No. 4380

City: Skidmore. (No. ..., ... St. ..... Ward)

File No. .....

Registered No. .....

2. FULL NAME Cra Allen 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male/	White.	Single.

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) October 5. 1913

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	19	5	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer. 237M

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. — 103B

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) Graham Mo.

FATHER

13. NAME Oliver King.

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mercer Co. Mo.

MOTHER

15. MAIDEN NAME Bessie Broyles.

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Nodaway Co. Mo.

17. INFORMANT (ADDRESS) Oliver King. Burlington Junc. Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Cain Cemetery DATE Mar 25, 1933

19. UNDERTAKER (ADDRESS) Price Funeral Home. Maryville Mo.

20. FILED April 1, 1933 Dr. H. C. Manning Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mch 23, 1933

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to Mar 23, 1933

I last saw him alive on Mch 23, 1933. Death is said to have occurred on the date stated above, at 1 P. m.

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

	Date of onset
Accidental, Jumped from moving freight train.	
Internal Hemorrhage	
Lived 2½ hrs.	

Other contributory causes of importance: 2.07

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? Accidental Date of injury 3/23, 1933
Where did injury occur? Skidmore Mo (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. 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) H. C. Pierpont, M. D.
(Address) Skidmore, Mo.

CAUSE OF DEATH in plain terms, so that a layman can understand. Avoid abbreviations.