

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

Do not use this space.

**1. PLACE OF DEATH**

County Phelps  
Township Ralla  
City Ralla - One highway 6 1/2 miles W

Registration District No. 677  
Primary Registration District No. 4403

File No. 6036  
Registered No. 12  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(a) Residence, No. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode) \_\_\_\_\_

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. (If nonresident, give city or town and State)

**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 \_\_\_\_\_

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Don't know

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
about 45 - - -

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. General Labourer  
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) Marion Mo

13. NAME Sam King

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

15. MAIDEN NAME Emalie Hussey

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

17. INFORMANT A. J. Doster  
(ADDRESS) Newberry Mo

18. BURIAL, CREMATION, OR REMOVAL  
PLACE at Our cem DATE 2/6 1934

19. UNDERTAKER W. H. & Son  
(ADDRESS) Ralla Mo

20. FILED Feb. 6 1934 Jos. F. Ayers  
Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-3 1934

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

I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_. Death is said

to have occurred on the date stated above, at 7:30 p.m.

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

Auto accident  
got hit by car  
crushing his head and breaking  
Other contributory causes of importance: limbs

Name of operation \_\_\_\_\_ 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) W. E. Richliler Coroner

(Address) Rt. James 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.

FEB 27 1934



**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 Chillicothe  
Township Rolla  
City Rolla (No. ....)

Registration District No. 677  
Primary Registration District No. 11403

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

**2. FULL NAME**

Henry King

(a) Residence, No. .... St. .... Ward. ....  
(Usual place of abode)

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. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED S (write the word)

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 April 10, 1934 Jos. F. Ayers Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 3, 1934

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:

Auto accident hit hip & ear. Crushing his head & breaking limbs

Other contributory causes of importance:

210

Name of operation ..... 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? accident Date of injury Feb 3, 1934

Where did injury occur? 1/2 mile west of Rolla Highway 66

(Specify city or town, county, and State)

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

Manner of injury Walking on highway - hit by

Nature of injury Car which could not avoid it

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify

(Signed) ..... , M. D.

(Address) .....

SUPPLEMENTARY

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

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RECEIVED  
FEDERAL BUREAU OF INVESTIGATION  
U. S. DEPARTMENT OF JUSTICE  
WASHINGTON, D. C. 20535

SEARCHED

INDEXED

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FILED

MAY 1964

FBI - MEMPHIS

COMMUNICATIONS SECTION

TELETYPE UNIT

TELEPHONE UNIT

MAIL ROOM

RECORDS SECTION

TRAINING CENTER

LABORATORY

IDENTIFICATION DIVISION

5-6036

PROPERTY ROOM

OFFICE OF THE DIRECTOR

OFFICE OF THE ASSISTANT DIRECTOR

OFFICE OF THE CHIEF OF BUREAU

OFFICE OF THE CHIEF OF DIVISION

OFFICE OF THE CHIEF OF SECTION

OFFICE OF THE CHIEF OF UNIT

OFFICE OF THE CHIEF OF BRANCH

OFFICE OF THE CHIEF OF OFFICE

OFFICE OF THE CHIEF OF STATION

OFFICE OF THE CHIEF OF FIELD OFFICE

OFFICE OF THE CHIEF OF DISTRICT OFFICE

OFFICE OF THE CHIEF OF COUNTY OFFICE

OFFICE OF THE CHIEF OF CITY OFFICE

OFFICE OF THE CHIEF OF TOWN OFFICE

OFFICE OF THE CHIEF OF VILLAGE OFFICE

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