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

Do not use this space.

File No. 8693

Registered No. 33

1. PLACE OF DEATH
42 County Henry
4 Township Clinton
7 City Clinton (No. 505, E. Grandview St. 4 Ward)

Registration District No. 347

Primary Registration District No. 3218

2. FULL NAME James Scott King

(a) Residence, No. 505 E. Grandview St., 4 Ward. (If nonresident, give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Divorced

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 11-13-1861

7. AGE: YEARS 72 | MONTHS 4 | DAYS 12 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Woodcutter
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Saw Mill
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

FATHER
13. NAME D
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

MOTHER
15. MAIDEN NAME King
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

17. INFORMANT (ADDRESS) Garland King Clinton, Missouri

18. BURIAL, CREMATION, OR REMOVAL
PLACE Shady Grove DATE 3-27- 1934

19. UNDERTAKER (ADDRESS) Sipes Funeral Home Clinton, Missouri

20. FILED 3-28 1934 J. R. Hamilton Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/25 1934

22. I HEREBY CERTIFY, That I attended deceased from 3/22 1934 to 3/25 1934
I last saw h[illegible] alive on 3/25 1934 Death is said to have occurred on the date stated above, at 1:30 m.
The principal cause of death and related causes of importance were as follows:

Bronchio-Pneumonia — Date of onset 3/21/25

1077 1077

Other contributory causes of importance:

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) E. C. Sipes, M. D.
(Address) Clinton

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

160M-11-24-33