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.

JUN 20 1934

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

Do not use this space.

85

1. PLACE OF DEATH
County Buchanan — Registration District No. — File No. 15843
Township — Primary Registration District No. 1001 — Registered No. 597
City St. Joseph, (No. St. Joseph, s Hospital St. Ward)

2. FULL NAME Chalmer Vernon King
(a) Residence, No. St., Ward. Council Bluffs, Iowa.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 0 yrs. 0 mos. 1 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
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Febr. 9. 1912
7. AGE: YEARS 22 — MONTHS 3 — DAYS 11 — If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Auto Machinic
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) May. 20. 1934
11. Total time (years) spent in this occupation 3 Yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sioux City, Iowa.

FATHER
13. NAME George H King
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Texas

MOTHER
15. MAIDEN NAME Garland H King
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Iowa.

17. INFORMANT (ADDRESS) Garland King, Council Bluffs, Iowa.
18. BURIAL, CREMATION, OR REMOVAL
PLACE Council Bluffs, Iowa DATE May. 2 1 1934
19. UNDERTAKER (ADDRESS) H. O. Sidenfaden 1802 Union Str St. Joseph, Mo.
20. FILED MAY 21 1934 John R. Bender Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May. 20th, 1934
22. I HEREBY CERTIFY, That I attended deceased from May 20, 1934 to Viewed on, 19
I last saw h alive on, 19 Death is said to have occurred on the date stated above, at 4:30 P m.
The principal cause of death and related causes of importance were as follows:
Fractured Skull (Accident) Driving auto in race at lake contrary studded & ran into fence. 210 M 5/10 — Date of onset 20 1
Other contributory causes of importance: One of the contestants in an auto race ran into fence & head struck 2X4
Name of operation none Date of
What test confirmed diagnosis? Phy. Ex Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 5/20, 1934
Where did injury occur? Buchanan County (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Public Place
Manner of injury Auto racer & 2X4 in fence struck
Nature of injury Fasc. skull

24. Was disease or injury in any way related to occupation of deceased? Yes
If so, specify
(Signed) Forrest Thomas Coroner, M. D.
(Address) 731 Faaron