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.

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

Do not use this space.

19086

1. PLACE OF DEATH

County Butler — Registration District No. 89 — File No.

Township — Primary Registration District No. 3007 — Registered No. 107

City Poplar Bluff, Mo. (No. Poplar Bluff, Hospital St. Ward)

2. FULL NAME Shannon M. King

(a) Residence, No. St., Ward. Naylor, 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	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) May 6, 1922

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
13	1	12	

OCCUPATION

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

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) Naylor Missouri

FATHER

13. NAME Everett M. King

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

MOTHER

15. MAIDEN NAME Lillian Darnell

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

17. INFORMANT (ADDRESS) Everett M. King. Naylor, Mo.

18. BURIAL, CREMATION, OR REMOVAL Gum Cemetery
PLACE Naylor, Mo. DATE June 19 1935

19. UNDERTAKER (ADDRESS) Gish Und. Co. Naylor, Mo.

20. FILED 6-19 1935 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 18, 1935

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

I last saw him alive on ....., 19..... Death is said to have occurred on the date stated above, at 6:55 P.m.

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

	Date of onset
Traumatic	
Pneumonia	6/10/35
	12

Other contributory causes of importance:

Fractured left leg.

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... 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 5-23, 1935

Where did injury occur? Near Naylor Mo (Specify city or town, county, and State)

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

Manner of injury: Fell from tree

Nature of injury: Compound fracture left tibia

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) J. Richard Reynolds, M.D. Coroner

(Address) Poplar Bluff Mo