

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

Do not use this space.

2491

1. PLACE OF DEATH

County PLK

Township Rawling Green

City Rawling Green

Registration District No. 684

Primary Registration District No. 4408

File No. 6

Registered No. 6

St. Centennial Ave

Ward

2. FULL NAME

(a) Residence No. 505 Centennial

(Usual place of abode)

Length of residence in city or town where death occurred 20 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)

Married

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF (OR) WIFE OF

Minnie King

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

Nov 7 - 1863

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

72

2

12

OCCUPATION

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. Data 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)

North Carolina

FATHER

13. NAME

Benjamin King

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

North Carolina

MOTHER

15. MAIDEN NAME

Rachael McBike

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

Mo

17. INFORMANT (ADDRESS)

Mrs Minnie King
Rawling Green Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE Lumpkin Mo DATE July 23, 1936

19. UNDERTAKER (ADDRESS)

W. T. Buse
Lumpkin Mo

20. FILED

2-10 1936 W. T. Buse
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1 - 21 - 1936

22. I HEREBY CERTIFY, That I attended deceased from Last 5-100, to 1936

I last saw him alive on 1-19, 1936 Death is said

to have occurred on the date stated above, at 3 P.M.

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

Chronic Myocarditis

Date of onset

Other contributory causes of importance:

Chronic Hypertension

Name of operation none 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? 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) J. H. McKeever, M. D.

(Address) Rawling Green Mo

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

MARGIN RESERVED FOR BINNING

S. No. 2

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.

