

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

Do not use this space.

30888

1. PLACE OF DEATH

County Jackson
Township Howe
City McMo

Registration District No. 399
Primary Registration District No. 1602

File No.
Registered No. 3684
St. Ward)

2. FULL NAME

(a) Residence, No. 312 West 74 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 White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Ruth H. King
Husband

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 8th 1892

7. AGE YEARS 43 MONTHS 10 DAYS 8 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Motor Car Dealer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Dealer

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) Chillicothe Mo
Livingston County

13. NAME Shadrach King

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

15. MAIDEN NAME Elizabeth Ann McEllon

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

17. INFORMANT (ADDRESS) Ruth H. King
312 West 74 1509 Mc

18. BURIAL, CREMATION, OR DISPOSED PLACE Forest Hill DATE Aug 10, 1936

19. UNDERTAKER (ADDRESS) J. A. Bandy
Danvermouth Mo

20. FILED Aug 10, 1936 M.M. Brown
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8/8/36, 19

22. I HEREBY CERTIFY that I attended deceased from

I last saw him 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:

Automobile trauma
Fracture of first lumbar
vertebra

Other contributory causes of importance:

Name of operation Date of operation

What test confirmed diagnosis Was there an autopsy?

23. If death was due to external causes (accident, suicide, or homicide), fill in all the following: Accident, suicide, or homicide Date of injury

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

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

Manner of injury Car accident

Nature of injury

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

If so, specify

(Signed) [Signature], M. D.

(Address) [Signature]

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.

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