

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

FEB 18 1937

Do not use this space.

2520

1. PLACE OF DEATH

County Remick Registration District No. 600
Township Virginia Primary Registration District No. 5872
City Steel Mo (No. 1) St. _____ Ward _____

File No. _____
Registered No. _____

2. FULL NAME Clara King

(a) Residence, No. _____ St. _____ Ward _____
(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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Unf

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 8-15-36

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
1986 4 16 15

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. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) Steel, Mo
(STATE OR COUNTRY)

13. NAME Virgil King

14. BIRTHPLACE (CITY OR TOWN) Steel, Mo
(STATE OR COUNTRY)

15. MAIDEN NAME Pinala Beshel

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

17. INFORMANT C. J. King
(ADDRESS) Steel, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt Zion DATE 2-2-37

19. UNDERTAKER Hermon Hunt Co
(ADDRESS) Steel, Mo

20. FILED 2-20 1937 L. J. Johnson
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-31-37

22. I HEREBY CERTIFY, That I attended deceased from 1-21, 1937 to 1-31, 1937

I last saw him alive on 1-30, 1937. Death is said to have occurred on the date stated above, at 6:30 a.m.

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

Flu Pneumonia
Bronchial
Date of onset _____

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) J. B. W. S. S. S. M. D.

(Address) Steel Mo

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.

