

MAR 19 1937

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

Do not use this space.

1. PLACE OF DEATH

County

Greene

Registration District No.

318

Township

Springfield

Primary Registration District No.

2001

City

(No. 1412)

Washington

File No.

5890

Registered No.

0105

St.

Ward)

2. FULL NAME

(a) Residence, No.

1412

Washington

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

MEDICAL CERTIFICATE OF DEATH

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

Sophronia King

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

March 13/1867

7. AGE

YEARS 69

MONTHS 10

DAYS 21

If LESS than 1 day, hrs. or min.

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

machinist

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

Frisco R.R. Shops

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)

Ill

13. NAME

Elza O. King

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

Ill

15. MAIDEN NAME

Rancy Rhodes

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

Ill

17. INFORMANT (ADDRESS)

Emma O. King
Springfield, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE

Frisco R.R. Shops
DATE Feb 7 1937

19. UNDERTAKER (ADDRESS)

Washington & Co.
Springfield, Mo.

20. FILE

Feb 5 1937
Chad A. George, M.D.
Registrar

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

2/4 - 1937

22. I HEREBY CERTIFY, That I attended deceased from

Jan 18, 1937, to Jan 21, 1937

I last saw him alive on Jan 21, 1937. Death is said

to have occurred on the date stated above, at 4:00 p.m.

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

Acute Respiratory Infection

Date of onset

2/1-37

Other contributory causes of importance:

General Atenuo Schuoria

?

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? No

If so, specify

(Signed) E. M. Mendenhall, M. D.

(Address) Springfield, Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. Every STATE'S statute is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified.

