

MAR 24 1937

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

Do not use this space.

**1. PLACE OF DEATH**

County Missouri  
Township  
City Hayti (No. ....)

Registration District No. 653  
Primary Registration District No. 4390

File No. 7538  
Registered No. 23  
St. .... Ward.

**2. FULL NAME**

Shirley Jeannette King  
(a) Residence, No. Hayti, Mo. 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.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) -

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 2-21-1937

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .....hra. or .....min.  
0 0 0

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

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) Hayti Mo

13. NAME Paul George King

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

15. MAIDEN NAME Hattie May North

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

17. INFORMANT Paul A King  
(ADDRESS) Hayti Mo

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Caruthersville Mo DATE 2-21-1937

19. UNDERTAKER H. S. Smith  
(ADDRESS) Caruthersville Mo

20. FILED 2/21 1937 JWR Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-21 1937

22. I HEREBY CERTIFY, That I attended deceased from

....., 19....., to....., 19.....

I last saw h..... 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:

Strangulation  
During Birth

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) JWR, M. D.

(Address) Hayti 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.

RECEIVED  
FEB 10 1964  
U.S. DEPARTMENT OF JUSTICE  
FEDERAL BUREAU OF INVESTIGATION

MEMORANDUM

TO : SAC, NEW YORK (100-100000-100)

FROM : SAC, NEW YORK (100-100000-100)

SUBJECT: [Illegible]

RE: [Illegible]

DATE: [Illegible]

CLASSIFICATION: [Illegible]

STATUS: [Illegible]

REMARKS: [Illegible]

[Illegible]