

APR 16 1937

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

Do not use this space.

1. PLACE OF DEATH

County

Cape Girardeau

Registration District No.

125

Township

Primary Registration District No.

3009

City

(No. 1018 Broadway)

File No.

11438

Registered No.

83

St.

Ward)

2. FULL NAME

(a) Residence, No.

Henson, Mo

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

male

4. COLOR OR RACE

white

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Single

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

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

June 2 - 1915

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

21

9

12

OCCUPATION

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

Labor

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)

Lester, Ark

13. NAME

Charles King Sr

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

Lester, Ark

15. MAIDEN NAME

Julia Long

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

Don't know

17. INFORMANT (ADDRESS)

Mrs Julia Fralyn Henson, Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE Charleston Mo DATE March 16 1937

19. UNDERTAKER (ADDRESS)

A. Myers - Estes Cape Girardeau, Mo

20. FILED 3-14 1937

J. M. Thompson Registrar

MEDICAL CERTIFICATE OF DEATH

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

March 14 1937

22. I HEREBY CERTIFY That I attended deceased from

Feb. 1 1937 to March 14 1937

I last saw him alive on March 3 1937. Death is said

to have occurred on the date stated above, at 7 A. m.

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

Tuberculosis, Pulmonary 1936

Other contributory causes of importance:

23

Name of operation

none

Date of

What test confirmed diagnosis?

Lab

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? No

If so, specify

(Signed) Frank W. Hall M. D.

(Address) Cape Girardeau, Mo

