OCT 19 1937

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

Do not use this space.

File No. 34098

Registered No. 69

1. PLACE OF DEATH
County: Dent
Township: Springcreek
City: (No. , 2 St. Ward)

Registration District No. 266
Primary Registration District No. 5370

2. FULL NAME: Mrs Verla Headrick 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: female
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: Riley King

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Feb 14 1918

7. AGE: Years 19 | Months 7 | Days 4 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: School Teacher
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): Dent Co Mo

FATHER
13. NAME: W H Headrick
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Dent Co Mo

MOTHER
15. MAIDEN NAME: Bertie Short
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Dent Co Mo

17. INFORMANT (ADDRESS): Alice Headrick Boss Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Boss Cem DATE: 9/21/37 19

19. UNDERTAKER (ADDRESS): Carl K Spencer Salem Mo

20. FILED: Sept 21 1937 A. E. Butler M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Sept 18 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept 18 1937, to Sept 18 1937
I last saw h never saw her alive 19 Death is said to have occurred on the date stated above, at 1 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Broken neck	
crushed chest 2.10	9/18/37
(suffocated in auto wreck)	

Other contributory causes of importance: none

Name of operation: none Date of
What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? accident Date of injury 9/18/1937
Where did injury occur? 4 miles east of Salem Mo. (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. on highway 32 - auto wreck
Manner of injury: auto wreck
Nature of injury: broken neck - crushed chest

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) Lloyd H. Hilton, M. D.
(Address) N. Hickory Salem Mo.

Salem Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.