

DEC 27 1937

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

Do not use this space.

1. PLACE OF DEATH

 County Platte
 Township Organ
 City (No. _____) _____ St. _____ Ward _____

 Registration District No. 65-3
 Primary Registration District No. 58.66

 File No. 42076
 Registered No. _____

2. FULL NAME

(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

MEDICAL CERTIFICATE OF DEATH

 3. SEX m 4. COLOR OR RACE w 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) Sept 29 '37
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
1 12

 OCCUPATION
 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. v
 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) Haystack Mo13. NAME Joe King14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Haystack Mo15. MAIDEN NAME Gracey King16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo17. INFORMANT (ADDRESS) Lige Rollman Haystack

18. BURIAL, CREMATION, OR REMOVAL

PLACE 14 Bond DATE 11-14 193719. UNDERTAKER (ADDRESS) Friends20. FILED 11-13 1937 J. W. Rhoads Registrar.21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 12th 1937

22. I HEREBY CERTIFY That I attended deceased from

Nov 12th 1937, 1937I last saw him alive on Nov 12th, 1937. Death is saidto have occurred on the date stated above, at 9:00 m. p.

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

Bronchopneumonia Date of onset
11-9-37Other contributory causes of importance:
v

Name of operation _____ Date of _____

What test confirmed diagnosis? Exam Was there an autopsy? Yes23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 1937

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) William A. C. 1, M. D.(Address) Haystack Mo

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

107a