

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

Do not use this space.

1. PLACE OF DEATH

County Penton
Township Fristoe
City Fristoe Mo.

Registration District No. 64
Primary Registration District No. 5100

File No. 1975
Registered No. 2
St. _____ Ward _____

2. FULL NAME

Nellie May 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

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 5, 1897

7. AGE YEARS 40 MONTHS 8 DAYS 27 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as splinner, sawyer, bookkeeper, etc. House wife

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

10. Date deceased first worked at this occupation: (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

13. NAME Sherman Dickerson

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

15. MAIDEN NAME Thera Bowers

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

17. INFORMANT Elyse King (ADDRESS) Fristoe Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Fristoe DATE 1/29 1938

19. UNDERTAKER (ADDRESS) Lucy's Funeral Home Wheelersburg Mo.

20. FILED Feb. 4, 1938 M. C. Watson Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 27, 1938

22. I HEREBY CERTIFY That I attended deceased from Jan 20, 1938 to Jan 27, 1938
I last saw him alive on Jan 26, 1938 Death is said to have occurred on the date stated above, at 109 a.m.

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

Flow, Crispy Pneumonia
both lungs

Other contributory causes of importance: 110
Weak lungs and
run-down physical
condition

Name of operating physician J. J. [unclear] Date of _____
What was the clinical 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 _____ 1938

Where did injury occur? Feb 1, 1938 (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 EBL. SC. LALIP

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify _____

(Signed) J. J. [unclear] M. D.
(Address) 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.

