

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

3441
 Do not use this space.

1. PLACE OF DEATH

(a) County Missouri Registration District No. 556
 (b) Township Marion Primary Registration District No. 4328 Registered No. 2
 (c) City Princeton (d) Street No. _____ St. _____
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Schuyler King 520

(a) Residence, No. _____ St. (If nonresident, give city or town and State) d
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 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 Rosa King
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 22, 1871
 7. AGE YEARS 66 yrs MONTHS 4 mo DAYS 15 If LESS than 1 day, _____ hrs. or _____ min.
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Nurse
 9. Industry or business in which work was done, as saw mill, bank, etc. White Commodore
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 7, 1937
 22. I HEREBY CERTIFY That I attended deceased from Dec 1, 1937 to July 7, 1937
 I last saw him live on July 7, 1937 Death is said to have occurred on the date stated above at 1:00 p.m.
 The principal cause of death and related causes of importance were as follows:

Myocarditis - Broncho pneumonia - diabetic coma
 Date of onset 1/1-37

Other contributory causes of importance:
Paralysis of tongue
Stenoplegia - left side
Diabetes Mellitus
 11-34
 10/2-37
 10/2-37

Name of operation None Date of _____
 What test confirmed diagnosis? None 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) J. M. Perry M. D.
Princeton Mo (Address)

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri
 13. NAME Wm. Mason
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) "
 15. MAIDEN NAME Sarah Stewart
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri
 17. INFORMANT Mrs. Rosa King (ADDRESS) Princeton, Mo.
 18. BURIAL, CREMATION, OR REMOVAL PLACE Mullins Cemetery DATE Jan 10, 1938
 19. FUNERAL DIRECTOR Noel Gross (ADDRESS) Princeton Mo
 20. FILED 1/8- 19 37 J. M. Perry Local Registrar.

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 28 1938

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MO. STATE BOARD OF HEALTH

STATEMENT BY LICENSED EMBALMER

I, Noel Mass, Licensed Embalmer No. 2634

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E.

No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed Noel Mass

Licensed Embalmer No. 2634

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)