

REC'D JUL 14 1938

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

21604
Do not use this space.

1. PLACE OF DEATH
 (a) County Christian Registration District No. 181
 (b) Township Park Primary Registration District No. 5251 Registered No. _____
 (c) City Billings (d) Street No. _____
 (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 Pauline Helene King 520
 (a) Residence, No. Billings St. (If nonresident, give city or town and State)

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 Michael King

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 23, 1859

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
78 5 8

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
 9. Industry or business in which work was done, as 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) Hermany

FATHER 13. NAME Edward Kuhl
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hermany

MOTHER 15. MAIDEN NAME Unknown
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hermany

17. INFORMANT (ADDRESS) Henry King Billings Mo

18. BURIAL, CREMATION, OR REMOVAL
 PLACE DATE 19

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Ed. Wallace Billings Mo

20. FILED June 9, 1938 F. H. Brown Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 1, 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 14, 1938 to June 1, 1938
 I last saw her alive on Feb 25, 1938. 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:
Diabetes
 Date of onset not known

Other contributory causes of importance:
59

Name of operation None Date of _____
 What test confirmed diagnosis? Lab & Clinical 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) Chas. Smith, M. D.
167 (Address) 121 W. Pleasant
Billings Mo

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, _____

or by Everett R. Head

Registered Apprentice No. 89, working under my personal supervision.

Signed A. S. Wallace

Licensed Embalmer No. 2175

P. O. Address Billings, Mont.

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

If this body is not embalmed, above space should be left blank.

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

MISSOURI STATE BOARD OF HEALTH
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CERTIFICATE OF DEATH

21604
Do not use this space.

1. PLACE OF DEATH
 (a) County Christian Registration District No. 181
 (b) Township Polite Primary Registration District No. 2257 Registered No.
 (c) City (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 Pauline Helene King
 (a) Residence, No. St. (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) m

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

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

7. AGE YEARS 78 MONTHS 5 DAYS 8 If LESS than 1 day, hrs. or min.

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

9. Industry or business in which work was done, as 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)

FATHER
 13. NAME
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

MOTHER
 15. MAIDEN NAME
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Peters Cemetery DATE June 2, 1938

19. FUNERAL DIRECTOR (ADDRESS)

20. FILED June 9, 1938 F. H. Brown Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 1, 1938

22. I HEREBY CERTIFY, That I attended deceased from

I last saw h. alive on 19..... Death is said

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

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

Date of onset

Other contributory causes of importance:

Name of operation Date of

What test confirmed 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 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?

If so, specify

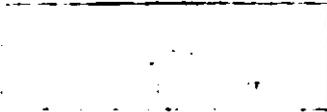
(Signed) J. Will Smith M. D.

(Address) W. Pleasant

REGISTRATION FEE NOT RECEIVED UNTIL THIS FEE IS PAID

SUPPLEMENTARY

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



1. PLACE OF DEATH

(1) County _____
 (2) Township _____
 (3) City _____
 (4) Name of the institution or town where death occurred _____
 (5) If death occurred in the hospital _____

2. PRINT FULL NAME

(a) Deceased No. _____
 (b) Social Security No. _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX _____
 4. COLOR OR RACE _____

5. IS MARRIED, WIDOWED, OR DIVORCED
 (a) HUSBAND _____
 (b) WIFE _____

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

NOTES