

REC'D JUL 17 1938

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

Do not use this space.

22243

## 1. PLACE OF DEATH

County LafayetteTownship Lexington,City LexingtonRegistration District No. 461Primary Registration District No. 3024No. Eight

File No.

Registered No. 50St. 2nd Ward

## 2. FULL NAME

(a) Residence No. Lexington, MO  
(Usual place of abode)St. 2nd Ward. 520Length of residence in city or town where death occurred 20 yrs. mos. ds.

How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>male</u>	4. COLOR OR RACE <u>Negro</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Emma King</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR)		
7. AGE	YEARS <u>58</u>	MONTHS <u>4</u>
	DAYS <u>22</u>	If LESS than 1 day, .....hra. or .....min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Coal Miner</u>	11. Total time (years) spent in this occupation <u>35</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Coal Mine</u>	
	10. Date deceased last worked at this occupation (month and year) <u>Nov. 1936</u>	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Lexington, Mo</u>		
FATHER	13. NAME <u>Durl King</u>	<u>9</u>
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Alabama</u>	<u>9</u>
MOTHER	15. MAIDEN NAME	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	
17. INFORMANT <u>William King</u> (ADDRESS) <u>Lexington, Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Lexington, Mo</u> DATE <u>July 2, 1938</u>		
19. UNDERTAKER <u>Ms. M. A. Weeks</u> (ADDRESS)		
20. FILED <u>July 1, 1938</u> <u>F. B. Bates</u> Registrar.		

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 29th 1938

22. I HEREBY CERTIFY, That I attended deceased from June 11th 1938 to June 29-1938, 1938  
I last saw him alive on June 28th 1938 Death is said to have occurred on the date stated above, at 10:30m. A. M.  
The principal cause of death and related causes of importance were as follows:  
Cerebral Haemorrhage  
Date of onset June 11 1938

Other contributory causes of importance:  
Nothing

Name of operation None Date of XXX  
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? No Date of injury No, 1938  
Where did injury occur?  
(Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.  
None

Manner of injury None  
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No  
If so, specify  
(Signed) F. D. Ball, M. D.  
414 (Address) Lexington, Mo.



FILL IN ANSWERS TO ALL SPACES  
CHECKED IN RED PENCIL.

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1. PLACE OF DEATH

(a) County Lafayette Registration District No. 461  
(b) Township..... Primary Registration District No. 3024 Registered No.....  
(c) City Lexington (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

(a) Residence, No. Joe King 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 M 4. COLOR OR RACE negro 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widower

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 7 - 1880

7. AGE YEARS 58 MONTHS 4 DAYS 22 If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION 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) Alabama

FATHER 13. NAME Bure King

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 DATE

19. FUNERAL DIRECTOR (ADDRESS)

20. FILED Aug 24 1938 Faye B. Bates Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 29 1938

22. I HEREBY CERTIFY, That I attended deceased from ..... to ..... 19.....  
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:

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. D. Bally, M. D.  
(Address) Lexington mo

SUPPLEMENTARY

RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

