

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

Do not use this space.

REC'D SEP 16 1938

1. PLACE OF DEATH

County Demassett
Township Hayti
City _____ (No. _____)

Registration District No. 643
Primary Registration District No. 5864

File No. 29600
Registered No. 88
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode) Hayti, Mo.

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) - 8 1880

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 58 - - -

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Same
10. Date deceased last worked at this occupation (month and year) 1937 11. Total time (years) spent in this occupation 2 1/2

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio, O.

FATHER 13. NAME Taylor King

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

MOTHER 15. MAIDEN NAME Frances Smith

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) D.K.

17. INFORMANT W. King (ADDRESS) Hayti, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Hornbeak, Tenn. DATE 8-22-1938

19. UNDERTAKER King & Williams (ADDRESS) Hornbeak, Tenn.

20. FILED 8-21, 1938 J. W. Ploder Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from Aug. 16, 1938, to Aug. 21, 1938. I last saw him alive on Aug. 21, 1938. Death is said to have occurred on the date stated above, at 11:16 a.m. The principal cause of death and related causes of importance were as follows:

uremia p.issuacuti Date of onset _____
131
Other contributory causes of importance: Bronchial asthma chronic

Name of operation _____ Date of _____
What test confirmed diagnosis? Sr 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) Reelmer, M. D.
Hayti, Mo. (Address) 586

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.

1927
12/1

U.S. DEPARTMENT OF COMMERCE
BUREAU OF MARINE FISHERIES
WASHINGTON, D. C.

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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

29660

Do not use this space.

1. PLACE OF DEATH

(a) County Permielat Registration District No. 643
 (b) Township _____ Primary Registration District No. 3864
 (c) City Hayti (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 Louise King

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

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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

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

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

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

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

I last saw h _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.

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

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

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

Acute Poison (acute)
Chronic nephritis
 Date of onset _____

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

Other contributory causes of importance:
Bronchial asthma, chr.

FATHER 13. NAME

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

Name of operation 121 Date of _____

MOTHER 15. MAIDEN NAME

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

What test confirmed diagnosis? _____ Was there an autopsy? _____

17. INFORMANT (ADDRESS)

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____

18. BURIAL, CREMATION, OR REMOVAL

PLACE _____ DATE _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

19. FUNERAL DIRECTOR (ADDRESS)

Manner of injury _____
 Nature of injury _____

20. FILED _____ 19____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____ (Signed) A. G. Shirey, M. D.
 (Address) Hayti 23rd

Local Registrar

SUPPLEMENT

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

Exact statement of OCCUPATION is very important. Occupations may be properly classified.

S-29660