

1936 OCT 24

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

32725
Do not use this space.

1. PLACE OF DEATH

(a) County Madison Registration District No. 538
(b) Township Frank Primary Registration District No. 5729 Registered No. 72
(c) City Roselle Mo (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

Infant child of James and Belle King
(a) Residence, No. Stillborn St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-26 1938

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

22. I HEREBY CERTIFY, That I attended deceased from Did not see patient, 19...
I last saw h. alive, 19... Death is said to have occurred on the date stated above, at... 20 m.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 26 1938

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

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

Circulatory system blocked by profuse pt of coty 3 hours before delivery

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) Roselle Missouri

Other contributory causes of importance:
Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

FATHER 13. NAME James King

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Livingston Junction Livingston Co Mo

MOTHER 15. MAIDEN NAME Belle Critser

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Madison Co Missouri

17. INFORMANT (ADDRESS) James King Roselle Mo

18. BURIAL, CREMATION, OR REMOVAL Buried Hollow Madison Co DATE Aug 27 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) None

20. FILED Aug 27 1938 S. C. Slaughter Local Registrar

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____
(Signed) Thomas Danner M. D.
(Address) Franklin 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 _____

Registered Apprentice No. _____ working under my personal supervision.

Signed _____

Licensed Embalmer No. _____

P. O. Address _____

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.)

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