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.

REC'D OCT 25 1938

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

Do not use this space.

33025

1. PLACE OF DEATH
County Phelps — Registration District No. 677 — File No.
Township — Primary Registration District No. 4403 — Registered No. 124
City Rolla — (No. ..... St. ..... Ward)

2. FULL NAME William S. King
(a) Residence, No. Rolla Hospital St., ... Ward.
(Usual place of abode) (If nonresident, give city or town and State)
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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF —
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 17, 1920
7. AGE: Eighteen YEARS, 6 MONTHS, 20 DAYS. If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, 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) Dent Co Mo

FATHER
13. NAME John King
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Louis Mo

MOTHER
15. MAIDEN NAME Blanche Simson
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Texas Co Mo

17. INFORMANT (ADDRESS) Blanche King Salem Mo
18. BURIAL, CREMATION, OR REMOVAL
PLACE Frasier Cemetery DATE Oct 9 1938
19. UNDERTAKER (ADDRESS) N. D. Hobson Salem Mo.
20. FILED Oct. 10 1938 Jos. F. Ayers Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 7, 1938
22. I HEREBY CERTIFY, That I attended deceased from Oct 2, 1938, to Oct 7, 1938
I last saw him alive on Oct 6, 1938. Death is said to have occurred on the date stated above, at 1:06 A.m.
The principal cause of death and related causes of importance were as follows:
Acute Appendicitis — Date of onset
Other contributory causes of importance:
Name of operation Appendectomy Date of
What test confirmed diagnosis? 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?
If so, specify
(Signed) A. Sidney McFarland, M. D.
(Address) Rolla Mo