REC'D MAR 20 1939

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

5774
Do not use this space.

1. PLACE OF DEATH
(a) County Audrain 2
(b) Township 1
(c) City Vandalia
(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.

Registration District No. 912
Primary Registration District No. 4550
Registered No. 8

4
5
0

2. PRINT FULL NAME Zerah Etta King
(a) Residence, No. 520 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) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OR (OR) WIFE C W King
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 14 1869
7. AGE YEARS 69 MONTHS 8 DAYS If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housekeeping
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 0

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo 1

FATHER
13. NAME C. L. Stone 0
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Va

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

17. INFORMANT (ADDRESS) C W King Vandalia Mo
18. BURIAL, CREMATION, OR REMOVAL
PLACE Vandalia Mo DATE Feb 15 1939
19. FUNERAL DIRECTOR (NAME) (ADDRESS) W J Hales Vandalia Mo
20. FILED Feb 24 1939 Carrie F. Utterback Local Registrar. 27

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 14 1939
22. I HEREBY CERTIFY, That I attended deceased from Feby 10 1939, to Feby 14 1939
I last saw her alive on Feby 12 1939. Death is said to have occurred on the date stated above, at 12 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
apoplexy	
82 a 1	

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) W. N. Bland, M. D.
(Address) Vandalia Mo

(Licensed Embalmer's Statement on Reverse Side)

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.

RECEIVED

District Health Officer No. 10

District File Number 10-39-280

Date Filed MAR 13 1939

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, Wm B. Waters, or by

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

Signed Wm B Waters

Licensed Embalmer No. 3328

P. O. Address Vandalia Mo

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

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