Feb 27 1939

REC'D APR 20 1939

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

Do not use this space.

11889

File No. 82

Registered No.

**1. PLACE OF DEATH**

County Pettis — Registration District No. 668

Township Sedalia — Primary Registration District No. ~~3839~~ 5889

City Sedalia (No. RFD # 2 St. Ward)

**2. FULL NAME** 520 Oscar K. King

(a) Residence, No. RFD # 2 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 | 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word) |
|---|---|---|
| Male | White | Widowed |

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

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

| 7. AGE | YEARS | MONTHS | DAYS | If LESS than 1 day, ...hrs. or ...min. |
|---|---|---|---|---|
| About | 76 | | | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

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) Booneville Mo. 0

FATHER

13. NAME Unkown 9

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) " " 0

MOTHER

15. MAIDEN NAME " Hall

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

17. INFORMANT (ADDRESS) Marion King Madison Ill.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Crown Hill DATE Mar. 2, 1939, 19

19. UNDERTAKER (ADDRESS) Gillespie Funeral Home 906 Sedalia, Mo.

20. FILED Mar 2, 1939 Mrs Harry Snell Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 27, 1939, 19

22. I HEREBY CERTIFY, That I attended deceased from Feb. 27, 1939, to Feb 27, 1939

I last saw him alive on Feb 27, 1939 Death is said to have occurred on the date stated above, at 8 P m.

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

| | Date of onset |
|---|---|
| Coronary occlusion | Feb 27 1939 |
| 94 hr | |

Other contributory causes of importance:

| | |
|---|---|
| Hypertension | So |
| arteriosclerosis | Non |

Name of operation none Date of none

What test confirmed diagnosis? Clinical 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 none

(Signed) Chas Gamble, M. D.

(Address) Sedalia Mo

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. 8

District File Number _____

Date Filed 4/10/39