

1939 MAY 22 1939

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

Do not use this space.

1. PLACE OF DEATH

County macon
Township Liberty
City (No. _____) _____

Registration District No. 548
Primary Registration District No. 5740

File No. 15506
Registered No. 20
St. _____ Ward _____

2. FULL NAME

520 Charles H. King
(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode) County Hospital
(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) widower

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF Matty Highy (King)

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 18, 1849

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
89 11 17

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.

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) Missouri 0

MOTHER 13. NAME Thomas King 0

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

15. MAIDEN NAME Sarah McWilliams

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

17. INFORMANT Mrs. Roy Ellis (ADDRESS) Int. Gen. Co.

18. BURIAL, CREMATION, OR REMOVAL PLACE Int. Gen. Cemetery DATE 4-5 1939

19. UNDERTAKER E. J. Spivey (ADDRESS) Int. Gen. Co.

20. FILED Apr. 4, 1939 W. S. Lee Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-4 1939

22. I HEREBY CERTIFY, That I attended deceased from April 31 1939, to Apr 2 1939
I last saw him alive on Apr 2 1939. Death is said to have occurred on the date stated above, at 3 A.M.
The principal cause of death and related causes of importance were as follows:

Benialia Pulmonia
DMH
Date of onset _____
Other contributory causes of importance: General debility

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) J. B. Rosell M. D.
Int. Gen. Co. (Address)

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

MEMORANDUM FOR THE DIRECTOR

DATE: 10-10-68

BY: [Name]

TOP SECRET

1. [Faint text]

2. [Faint text]

3. [Faint text]

TOP SECRET

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TOP SECRET