

AUG 10 1939

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

25150  
Do not use this space.

## 1. PLACE OF DEATH

(a) County Butler Registration District No. 89  
(b) Township Poplar Bluff Primary Registration District No. 3007  
(c) City Poplar Bluff, Mo. (d) Street No. Lucy Lee Hospital 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

520 Chas. Edward King  
(a) Residence, No. Hendrickson, Mo. 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 M 4. COLOR OR RACE W 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) Mar. 21, 1909  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, .....hrs. or .....min.  
30 3 13

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer  
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) Jackson County  
(STATE OR COUNTRY) Illinois

FATHER 13. NAME Harvey King  
14. BIRTHPLACE (CITY OR TOWN) Illinois  
(STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Louise Kohen  
16. BIRTHPLACE (CITY OR TOWN) Illinois  
(STATE OR COUNTRY)

17. INFORMANT Harvey King  
(ADDRESS) Williamsville, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Hillis DATE July 6, 1939

19. FUNERAL DIRECTOR (NAME) Greer-Croy Funeral Service  
(ADDRESS) Poplar Bluff, Mo.

20. FILED 7/6 1939 Whitings  
Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 4, 1939, 19  
22. I HEREBY CERTIFY, That I attended deceased from June 25, 1939, 19, to July 4, 1939, 19  
I last saw him alive on July 4, 1939. Death is said to have occurred on the date stated above, at 11:45a.  
The principal cause of death and related causes of importance were as follows:  
Perforated Gastric Ulcer.

Other contributory causes of importance:  
Name of operation None Date of None  
What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? None Date of injury None, 19  
Where did injury occur? None (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.  
None  
Manner of injury None  
Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? No  
Specify None  
(Signed) W. M. Smith, M. D.  
(Address) Poplar Bluff, Missouri

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**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.**