AUG 22 1939

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

25463
Do not use this space.

1. PLACE OF DEATH
(a) County CRAWFORD Registration District No. 232
(b) Township Primary Registration District No. 5318 Registered No. 328
(c) or City LEASBURG (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 38 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.
5 20

2. PRINT FULL NAME SARAH ANN KING
(a) Residence, No. LEASBURG, 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: FEMALE
4. COLOR OR RACE: WHITE
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): WIDOWED.

5A. IF MARRIED, WIDOWED, OR DIVORCED
~~HUSBAND OF~~ (OR) WIFE OF WESLEY B. KING.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) APRIL 25, 1853

7. AGE

Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
86	2	9	

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc. Housewife.
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) Pike County Missouri.

FATHER
13. NAME William Dunn
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia.

MOTHER
15. MAIDEN NAME Anderson
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia

17. INFORMANT James King
(ADDRESS) Sullivan, Mo.

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

19. FUNERAL DIRECTOR (NAME) Thos. P. Shaffer
(ADDRESS) Sullivan, Mo.

20. FILED ..., 19... Local Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from June 20, 1939, to July 4, 1939
I last saw her alive on July 2, 1939. Death is said to have occurred on the date stated above, at 11 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Myocarditis	
93 N	

Other contributory causes of importance:

Name of operation None Date of —
What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no 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
(Signed) W. G. Dryer, M. D.
(Address) Leasburg, 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.

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 Me

....., Registered Apprentice No.....

working under my personal supervision.

Signed Edgar W. Laffoon

Licensed Embalmer No. 3394

P. O. Address Sullivan Me

RECEIVED
District Health Officer No. 8
District File Number 83 [illegible]
Date Filed 8/4/39

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

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

FILL IN ANSWERS TO ALL SPACES CHECKED IN RED PENCIL.

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

25-463
Do not use this space.

1. PLACE OF DEATH
(a) County Crawford — Registration District No. 233
(b) Township Liberty — Primary Registration District No. 3318 — Registered No. 328
(c) City ..... (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.

2. PRINT FULL NAME Sarah Ann King
(a) Residence, No. ..... 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) Wid
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Wesley B. King
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 4-25-1853
7. AGE YEARS 86 MONTHS 2 DAYS 9 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
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) (STATE OR COUNTRY) Pike Co Mo

FATHER
13. NAME William Dunn
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia

MOTHER
15. MAIDEN NAME Anderson
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia

17. INFORMANT (ADDRESS) Jesse King Sullivan Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Sullivan Mo. DATE 7-6 1939

19. FUNERAL DIRECTOR (ADDRESS) Thos. J. Shaffer Sullivan Mo

20. FILED July 5 1939 W. F. Irwin M.D. Local Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from Jan 20 1939, to July 4, 1939
I last saw her alive on July 2, 1939. Death is said to have occurred on the date stated above, at 11 A.m.
The principal cause of death and related causes of importance were as follows:
acute Myocarditis — Date of onset

Other contributory causes of importance:

Name of operation none Date of .....
What test confirmed diagnosis? clinical 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. F. Irwin, M. D.
(Address) Lenburg Mo.

SUPPLEMENTARY

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.

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

S-25463 1939