

SEP 20 1939

Registration District No. 637 Primary Registration District No. 4388 Registrar's No. 83

1. PLACE OF DEATH:
(a) County Cathlamet
(b) City or town Cathlamet
(c) Name of hospital or institution:

2. USUAL RESIDENCE OF DECEASED:
(a) State MD (b) County Penniscot
(c) City or town

(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution

(If outside city or town limits, write "RURAL")
(d) Street No.

In this community _____ (Specify whether years, months or days)

(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME Robert King 510

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Aug day 13
year 1939 hour 2-30 minute 10 M.

3. (b) If veteran, ✓ (c) Social Security name war _____ No. _____

21. I hereby certify that I attended the deceased from Aug 13, 1939 to Aug 13, 1939

4. Sex male 5. Color or race gol 6. (a) Single, widowed, married, divorced _____

that I last saw h. 17 alive on Aug 13, 1939 and that death occurred on the date and hour stated above.

6. (b) Name of husband or wife Guid King 6. (c) Age of husband or wife if alive 20 years

Immediate cause of death Gunshot wound upper L. jaw - ob

7. Birth date of deceased 6-25-1910 (Month) (Day) (Year)

Due to oblique

8. AGE: Years 29 Months 1 Days 18 If less than one day _____ hr. _____ min.

Due to 170

9. Birthplace Maryland (City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death)

10. Usual occupation Farm labor

Major findings: Of operations _____

11. Industry or business Farm

Of autopsy _____

12. Name Don't know

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Homicide

13. Birthplace _____ (City, town, or county) (State or foreign country)

(b) Date of occurrence 8-13-39

14. Maiden name _____

(c) Where did injury occur? Remont Co. (City or town) (County) (State)

15. Birthplace _____ (City, town, or county) (State or foreign country)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Farm

16. (a) Informant's own signature How King

While at work? _____ (Specify type of place) (e) Means of injury Gunshot

(b) Address Cathlamet MD

28. Signature P. J. Aquino (M. D. or other)

17. (a) Burial (b) Date thereof Aug 14, 1939 (Month) (Day) (Year)
(c) Place: burial or cremation County Farm

Address Cathlamet Date signed 8-13-39

RECORD OF DEATH IN plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED

District Health Officer No. 3

District File Number 939-5

Date Filed 9/6/39

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 complete 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

29863
Do not use this space.

1. PLACE OF DEATH

(a) County Pemiscot Registration District No. 651
(b) Township Caruthersville Primary Registration District No. _____ Registered No. 83
(c) City Caruthersville (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 Robert King

(a) Residence, No. _____ St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE Cul 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
29 1 18

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.
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)

FATHER 13. NAME

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

MOTHER 15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE _____ DATE _____ 19.

19. FUNERAL DIRECTOR (ADDRESS)

20. FILED Oct. 10 1939 Aida Martin Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-13 1939

22. I HEREBY CERTIFY, That I attended deceased from 19... to... 19...

I last saw h... alive on... 19... Death is said to have occurred on the date stated above, at... m.

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

Date of onset

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) R. J. Offenberg, M. D.

(Address) Caruthersville Mo

SUPPLEMENTARY

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

