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

35702
Do not use this space.

1. PLACE OF DEATH
(a) County Cape Girardeau 3 — Registration District No. 125
(b) Township —
(c) City or Cape Girardeau 1 — (d) Street No. 1211 Harmony St. — Primary Registration District No. 3009 — Registered No. 383
(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 5 yrs. 9 mos. 0 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Weldon Warren King
(a) Residence, No. 107 South Hanover St. 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: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Child
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 1, 1928
7. AGE: Years 11 — Months 9 — Days 10 — If LESS than 1 day, ...hrs. or ....min.

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. Child
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) Cape Girardeau Mo.

FATHER
13. NAME Arthur D. King
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo.

MOTHER
15. MAIDEN NAME Lucy King
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Polaski, Ill.

17. INFORMANT Mrs. Lucy King
(ADDRESS) Cape Girardeau, Mo.
18. BURIAL, CREMATION, OR REMOVAL
PLACE Memorial Park Oct. 13 1939
19. FUNERAL DIRECTOR (NAME) L. L. Haman
(ADDRESS) Cape Girardeau, Mo.
20. FILED 10-11 1939 M. Thompson Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 11, 1939
22. I HEREBY CERTIFY, That I attended deceased from Sept 1 1939 to October 11 1939
I last saw him alive on Oct 11 1939. Death is said to have occurred on the date stated above, at 4:30 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Intracranial hemorrhage	9-1-39
secondary intracranial hemorrhage	10-11-39

Other contributory causes of importance:

Concussion of brain due to fall while at play	9-1-39

Name of operation None Date of
What test confirmed diagnosis? X-ray spinal puncture Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 9-1 1939
Where did injury occur? At home in yard
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
In yard at home
Manner of injury Fall while playing
Nature of injury Concussion of brain and hemorrhage

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) R. A. Ritter, M. D.
(Address) Cape Girardeau, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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.

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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 L L Haman

Licensed Embalmer No. 2863

P. O. Address Cape Gir. Mo.

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

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