

APR 15 1941

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

9977  
Do not use this space.

1. PLACE OF DEATH

(a) County Butler Registration District No. 50  
(b) Township McBlenman Primary Registration District No. 3004 Registered No. 267  
(c) City Butler (d) Street No. 1 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 Agnes Eileen King

(a) Residence, No. West St. Scott Street St.  (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) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) September 8, 1924

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, ..... hrs. or ..... min.
	<u>16</u>	<u>6</u>	<u>9</u>	

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. School Girl

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) Butler Co. Missouri

FATHER

13. NAME Carl King

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

MOTHER

15. MAIDEN NAME Thelma Andrews

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

17. INFORMANT (ADDRESS) Mrs. Carl King Butler, Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Hill DATE March 20, 1941

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Culver 53 Butler, Mo.

20. FILED March 20, 1941 Nora L. Culver Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 17, 1941

22. I HEREBY CERTIFY, That I attended deceased from 3-18-41 1941 to 5-18-41 1941  
I last saw h. ev alive on 3-17-41 1941 Death is said to have occurred on the date stated above at 12:00 a.m. death  
The principal cause of death and related causes of importance were as follows:  
Streptococci pneumonia  
Streptococci throat  
Chills, meningitis

Other contributory causes of importance:  
11/2 P

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) Arthur H. Bridge M. D.  
(Address) Butler, Mo.

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.

THIS IS A PERMANENT RECORD

