

REC'D DEC 16 1935

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

39288  
Do not use this space.

1. PLACE OF DEATH

(a) County Henry Registration District No. 347  
 (b) Township Clinton Primary Registration District No. 3018  
 (c) City Clinton (d) Street No. \_\_\_\_\_ St.  
 (e) Length of residence in city or town where death occurred 18 mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

Registered No. \_\_\_\_\_

2. PRINT FULL NAME

(a) Residence, No. \_\_\_\_\_ St.  (If nonresident, give city or town and State)  
James B King  
Clinton Mo

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 25 1935

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

22. I HEREBY CERTIFY, That intended deceased from Nov 25, 1935, 1935, to \_\_\_\_\_, 1935

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 3-20-1920

I last saw him in person dead body Nov 25, 1935 Death is said to have occurred on the date stated above, at 1:15 PM

7. AGE YEARS 18 MONTHS 8 DAYS 5 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

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

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Laborer  
 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 \_\_\_\_\_

Gunshot wound of abdomen Date of onset Nov 25/35

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Clinton Mo

Other contributory causes of importance: 15 ft 17

FATHER 13. NAME Elsie King

Name of operation none Date of \_\_\_\_\_

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

What test confirmed diagnosis examined Was there an autopsy? no

MOTHER 15. MAIDEN NAME Stella Potter

23. If death was due to external causes (violence), fill in also the following:

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

Accident, suicide, or homicide? Accident Date of injury Nov 25, 1935

17. INFORMANT (ADDRESS) Elsie King  
Clinton Mo

Where did injury occur? Clinton Henry Co Mo  
(Specify city or town, county, and State)

18. BURIAL, CREMATION, OR REMOVAL PLACE Fields Creek DATE 11-27-35

Specify whether injury occurred in industry, in home, or in public place. In home

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Fred Williams  
Clinton Mo

Manner of injury Gunshot wound, accidental

20. FILED 11-28 1935 W. R. Doughton Local Registrar

Nature of injury wound of abdomen

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify \_\_\_\_\_ (Signed) S. B. Hughes M. D.

(Address) Coron Henry Co, Clinton, 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.

RECEIVED

District Health Officer No. 7

District File Number 7-38-453

Date Filed 12-5-38

**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

*Fred Wilkerson*

Licensed Embalmer No.

2478

P. O. Address

*Clinton M*

**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.**