

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.

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

Do not use this space.

MAR 4 1935

3978

1. PLACE OF DEATH

County Dalmine Registration District No. 801 File No. _____
 Township Westland Primary Registration District No. 4480 Registered No. 4
 City West Spring (No. _____) St. _____ Ward _____

2. FULL NAME

Frank C. King
 (a) Residence, No. _____ St. _____ Ward _____
 (Usual place of abode)
 Length of residence in city or town where death occurred 11 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 24, 1923

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<u>11</u>	<u>11</u>	<u>7</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School Child
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year) Jan. 24, 1935
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) West Spring

13. NAME Esther King

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

15. MAIDEN NAME Zella Warner

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

17. INFORMANT (ADDRESS) Esther King
West Spring Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Harview Cemetery DATE Feb 3, 1935

19. UNDERTAKER (ADDRESS) R. C. Carter
West Spring Mo

20. FILED 2-2, 1935 R. C. Harrison Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 31, 1935
 22. I HEREBY CERTIFY that I attended deceased from Jan 27, 1935 to Jan 31, 1935
 last saw him alive on Jan 31, 1935 Death is said to have occurred on the date stated above, at 6:45 a.m.
 The principal cause of death and related causes of importance were as follows:

Acute Rheumatic Fever Date of onset 1-27-35
Septic embolus

Other contributory causes of importance:
None

Name of operation _____ Date of _____
 What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? None 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 None
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify _____
 (Signed) Alfred J. Gray, M. D.
 (Address) West Spring Mo

