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

Do not use this space.

38337

DEC 3 1936

1. PLACE OF DEATH
County Madison
Township
City Fredericktown (No. , St. Ward)

Registration District No. 538
Primary Registration District No. 3028

File No.
Registered No. 61

2. FULL NAME Samuel Marion King

(a) Residence, No. St., Ward:
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M

4. COLOR OR RACE: W

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*): married

5A. IF MARRIED, ~~WIDOWED, OR DIVORCED~~ HUSBAND OF (OR) ~~WIFE OF~~ Florence Sibillor (Francis) King

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 25 1866

7. AGE: Years 69 | Months 2 | Days 13 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farm

10. Date deceased last worked at this occupation (month and year) Day of death

11. Total time (years) spent in this occupation 30 yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) French Mills Mo

FATHER

13. NAME Samuel King

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

MOTHER

15. MAIDEN NAME Stevens

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't Know

17. INFORMANT (ADDRESS) S. W. King

18. BURIAL, CREMATION, OR REMOVAL
PLACE Little Creek Cemetery DATE Oct 10, 1936

19. UNDERTAKER (ADDRESS) None

20. FILED Oct 9, 1936 S. A. S. Laughter Registrar.
By E. D. Schwaner.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 9, 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug 30, 1936, to Oct 8th, 1936, I last saw h alive on Oct 8th, 1936. Death is said to have occurred on the date stated above, at 4:14 A.M.

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

Angina Pectoris (Heart attack) — Date of onset Oct 9

Other contributory causes of importance:
Coronary Disease, arterio sclerosis — 18 months, unknown

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

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? No
If so, specify
(Signed) S. A. S. Laughter, M. D.
(Address) Fredericktown Mo

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.

160M-11-24-33