

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

24060

1 PLACE OF DEATH
County Dunklin
Township ~~Ray~~
Village
City Hornersville Mo (NO. St. Ward)

Registration District No. 287 File No.
Primary Registration District No. 4171 Registered No. 27

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME William Oma King

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Maled 4 COLOR OR RACE White 5 SINGLE MARRIED WIDOWED OR DIVORCED (Write the word) Single
6 DATE OF BIRTH Nov 15 1913
(Month) (Day) (Year)
7 AGE 2 yrs 6 mos 22 ds. If LESS than 1 day, hrs. or min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work
(b) General nature of industry business or establishment in which employed (or employer)

9 BIRTHPLACE (City or town, State or foreign country) Florida

PARENTS
10 NAME OF FATHER William R. King
11 BIRTHPLACE OF FATHER (City or town, State or foreign country) Ark
12 MAIDEN NAME OF MOTHER Inez Kennedy
13 BIRTHPLACE OF MOTHER (City or town, State or foreign country) Ark

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) W R King W R King
(Address) Sanford Fla

15 Filed July 31 1916 Registrar W R King

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH June 9 1916
(Month) (Day) (Year)

17 I HEREBY CERTIFY, that I attended deceased from 57 30 1916 to 6/7 1916, that I last saw him alive on 6/7 1916, and that death occurred, on the date stated above, at 2 P. M.

The CAUSE OF DEATH* was as follows:
Enterocolitis
38 1200 105
(Duration) yrs. mos. 6 ds.

CONTRIBUTORY (Secondary) Malarial
(Duration) yrs. mos. 5 ds.

(Signed) W R King M. D.
6/8 1916 (Address) Hornersville Mo

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)
At place of death yrs. mos. ds. In the State yrs. mos. ds.
Where was disease contracted if not at place of death?
Former or usual residence.

19 PLACE OF BURIAL OR REMOVAL Hornersville Mo. DATE OF BURIAL 6/8 1916

20 UNDERTAKER J. F. Kinsolving ADDRESS Hornersville 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.

