

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.

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

1 PLACE OF DEATH  
 County Jackson  
 Township Kaw  
 Village Kansas City  
 City Kansas City (NO. 811 Elmwood St. 13 Ward 13)

Registration District No. 899 File No. 5166

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

2 FULL NAME William Sylvester King

**PERSONAL AND STATISTICAL PARTICULARS**

3 SEX m 4 COLOR OR RACE wh 5 SINGLE MARRIED WIDOWER OR DIVORCED Widower  
(Write the word)

6 DATE OF BIRTH Dec 2 1840  
(Month) (Day) (Year)

7 AGE 77 yrs. 2 mos. 10 ds. If LESS than 1 day, hrs. or min.?

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

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

PARENTS

10 NAME OF FATHER Jas King

11 BIRTHPLACE OF FATHER (City or town, State or foreign country) Not known

12 MAIDEN NAME OF MOTHER Malinda Jackson

13 BIRTHPLACE OF MOTHER (City or town, State or foreign country) Ind

**MEDICAL CERTIFICATE OF DEATH**

16 DATE OF DEATH Feb 12 1918  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, that I attended deceased from Jan 31, 1918, to Feb 12, 1918, that I last saw him alive on Feb 12, 1918, and that death occurred, on the date stated above; at 2 p m.

The CAUSE OF DEATH\* was as follows:  
Uremia & Edema  
Lungs  
170  
(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Bright's Disease  
(Duration) yrs. mos. ds.

Signed H. N. Jewett M. D.  
12-12, 1918 (Address) 14603-E-9

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
 (Informant) Miss Ella J King  
 (Address) 811 Elmwood

15 Filed 1918 Registrar Edith Jones

\*State the Disease Causing Death, or, in death 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 9 yrs. 4 mos. 8 ds. In that 4 yrs. 8 mos. 8 ds.

Where was disease contracted: if not at place of death?  
 Former or usual residence Kansas City mo

19 PLACE OF BURIAL OR REMOVAL Elmwood DATE OF BURIAL 2/13 1918

20 UNDERTAKER Mrs C L Forster ADDRESS 916 Brooklyn

