

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

36120

1. PLACE OF DEATH

County..... Registration District No. 791
 Township..... Precinct Registration District No. St. Charles
 City..... (No. St. Charles, Ward) St. _____ Ward)

File No. _____
 Registered No. 11214

2. FULL NAME

Lawrence Douglas Kingland
 (a) Residence. No. B. & C. Hotel, St. Louis, Mo. Ward. 7
 (Usual place of abode) (If nonresident give city or town and State)
 Length of residence in city or town where death occurred 83 yrs. 2 mos. 24 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widower

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF Elizabeth F. Kingland

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sep 15th 1841

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
83 2 24 =

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Retired Manufacturer
 (b) General nature of industry, business, or establishment in which employed (or employer) Consul of Guatemala, G. A.
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) St. Louis, Mo.
 (STATE OR COUNTRY)

10. NAME OF FATHER George Kingland

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Pittsburg
 (STATE OR COUNTRY) Penn.

12. MAIDEN NAME OF MOTHER Eliza A. Ferguson

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Pittsburg
 (STATE OR COUNTRY) Penn.

14. INFORMANT Her Kingland
 (Address) 6034 West Babson Ave

15. FILED DEC 11 1924 Max B. Starckoff
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 9 19 24

I HEREBY CERTIFY, That I attended deceased from September 2, 1924, to December 9, 1924
 that I last saw him alive on Dec 8, 1924, and that death occurred, on the date stated above, at 3:30 A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

131 Arterio Sclerosis
97 (duration) 1 yrs. 1 mos. 1 ds.

CONTRIBUTORY (SECONDARY) Chronic Intoxicated
Nephritis (duration) yrs. 3 mos. 9 ds.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH..... 127

DID AN OPERATION PRECEDE DEATH? no DATE OF.....

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS Clinical Laboratory
 (Signed) D. M. Gibson, M. D.

2/10, 19 24 (Address) 4837 Washington Blvd

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS and NATURE of INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Bellefontaine DATE OF BURIAL 12-11-1924

20. UNDERTAKER Wayman Und Co. ADDRESS 3621 Olive

K. 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.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

