

JUL 27 1927

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

Do not use this space.

18752

1. PLACE OF DEATH

County Laurauee  
Township Lawrence  
City Merua (No. \_\_\_\_\_)

Registration District No. 467  
Primary Registration District No. 4280

File No. \_\_\_\_\_  
Registered No. 60  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

(a) Residence. No. \_\_\_\_\_, 3rd Ward.  
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>wh</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>m</u>	
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OR (OR) WIFE OF <u>Gliese King</u>			
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Feb 9, 1863</u>			
7. AGE	YEARS <u>64</u>	MONTHS <u>4</u>	DAYS <u>8</u>
	IF LESS than 1 day, _____ hrs. or _____ min.		
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>Merchant</u> (b) General nature of industry, business, or establishment in which employed (or employer) _____ (c) Name of employer _____			

9. BIRTHPLACE (CITY OR TOWN) \_\_\_\_\_ (STATE OR COUNTRY) Mo

10. NAME OF FATHER Madison King

11. BIRTHPLACE OF FATHER (CITY OR TOWN) \_\_\_\_\_ (STATE OR COUNTRY) Mo

12. MAIDEN NAME OF MOTHER Jessie Foster

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) \_\_\_\_\_ (STATE OR COUNTRY) Mo

14. INFORMANT E. F. Smith  
(Address) Aurora Mo

15. FILED 6/17 19 27 Arthur REGISTERED

MEDICAL CERTIFICATE OF DEATH

1. DATE OF DEATH (MONTH, DAY AND YEAR) June 17 1927

17. I HEREBY CERTIFY, that I attended deceased from June 12, 1927, to June 17, 1927 that I last saw him alive on June 17, 1927, and that death occurred, on the date stated above, at 11:55 A.M.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Bronchitis - Pneumonia  
107A

CONTRIBUTORY (SECONDARY) 100% (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. 6 da.

18. WHERE WAS DISEASE CONTRACTED  
IF NOT AT PLACE OF DEATH: \_\_\_\_\_

0 DID AN OPERATION PRECEDE DEATH? No. DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Chemical

(Signed) R. D. Cowan, M. D.  
, 19 (Address) Aurora Mo.

\*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.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Maple Park Cem DATE OF BURIAL 6/18 1927

20. UNDERTAKER Aug Bond Co ADDRESS Merua

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.

