

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

Do not use this space.

MAR 17 1928

4211

1. PLACE OF DEATH
 County Callaway Registration District No. 102
 Township Jackson Primary Registration District No. 3150
 City John R. King No. _____ St. _____ Ward _____

2. FULL NAME John R. 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.

File No. _____
 Registered No. 216

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Male
 4. COLOR OR RACE White
 5. SINGLE, MARRIED, WIDOWED OR DIVORCED Widow

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 9 1928

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND or (OR) WIFE OF _____

17. I HEREBY CERTIFY That I attended deceased from Sept 16 1926 to Feb 9 1928 that I last saw him alive on Feb 8 1928 and that death occurred, on the date stated above, at 3:30 p. m.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 24-1838

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Thrombosis of the heart with abscess of the heart
108
125B

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
89 | 5 | 15

CONTRIBUTORY (SECONDARY) NO

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Retired Farmer
 (b) General nature of industry, business, or establishment in which employed (or employer) _____
 (c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) North Bloomfield Mo
 (STATE OR COUNTRY) _____

18. WHERE WAS DISEASE CONTRACTED _____
 IF NOT AT PLACE OF DEATH? _____
 DID AN OPERATION PRECEDE DEATH? No DATE OF _____
 WAS THERE AN AUTOPSY? No

10. NAME OF FATHER John King

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Kentucky
 (STATE OR COUNTRY) _____

12. MAIDEN NAME OF MOTHER Unknown

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

WHAT TEST CONFIRMED DIAGNOSIS? _____
 (Signed) J. H. Hume, M. D.
 _____, 19 _____ (Address) Lexington Mo

14. INFORMANT J. E. M. Phares
 (Address) Lexington 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.

15. FILED 2/11 28 H. G. Harris
 REGISTRAR

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Cooper Cemetery
 DATE OF BURIAL 2/10 28

20. UNDERTAKER M. C. Peters Boo
 ADDRESS Mexico 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.

