1 1928

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

Do not use this space.

12994

1. PLACE OF DEATH
County Grundy — Registration District No. 330 — File No.
Township Trenton — Primary Registration District No. 3017 — Registered No.
City Trenton (No. ..... St. ..... Ward)

2. FULL NAME Wesley King
(a) Residence. No. Wnights Hospital St. Ward. R.F.D. Grundy Co Mo
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred yrs. 2 weeks 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): Widowed

5A. IF MARRIED, WIDOWED, ~~OR DIVORCED~~ HUSBAND OF ~~(OR) WIFE OF~~ Florence King

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 1st - 1861

7. AGE: Years 66 — Months 9 — Days 3 — If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Farmer
(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) Livingston Co Mo

PARENTS
10. NAME OF FATHER Thos King
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Kentucky
12. MAIDEN NAME OF MOTHER Dont Know
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Dont Know

14. INFORMANT Mrs W.E. Baker (Address) Spickard Mo

15. FILED Apr 4, 1928 E. A. Duffy REGISTRAR

MEDICAL CERTIFICATE OF DEATH

3

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 4th 1928

17. I HEREBY CERTIFY, That I attended deceased from March 21, 1928, to Apr 4, 1928 that I last saw him alive on Apr 3, 1928, and that death occurred, on the date stated above, at 7.15 A.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Septicemia following 1st stage of prostate operation 137
(duration) yrs. 1 mos. 3 ds.

CONTRIBUTORY (SECONDARY) Enlarged Prostate
(duration) several years yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? St Joseph Mo
DID AN OPERATION PRECEDE DEATH? Yes DATE OF about Mch 1 1928
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) O.R. Rooks, M. D
4/4, 1928 (Address) Trenton 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: Locust Grove Cemetery — DATE OF BURIAL: Apr 5 1928

20. UNDERTAKER: R H Hensley — ADDRESS: Trenton