NOV 22 1928

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

Do not use this space.

34192

1. PLACE OF DEATH

County: Marion — Registration District No. 547 — File No. 487

Township: Mason — Primary Registration District No. 3029 — Registered No. ~~[illegible]~~

City: Hannibal (No. 1400, Walnut St. 4 Ward)

2. FULL NAME: Henry King

(a) Residence. No. 1400 Walnut St., 4 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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Married

5A. IF ~~MARRIED~~, WIDOWED, OR DIVORCED HUSBAND OF (OR) ~~WIFE~~ OF: Magdelena

6. DATE OF BIRTH (MONTH, DAY AND YEAR): April-15-1857

7. AGE: Years 71 — Months 6 — Days 6 — If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Blacksmith

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer: Altas Cement Co

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): England

PARENTS

10. NAME OF FATHER: John King

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): England

12. MAIDEN NAME OF MOTHER: Catherine Gorlie

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

14. INFORMANT: Henry J King (Address) 1400 Walnut St.

15. FILED: Oct 31 1928 — C E Strode, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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16. DATE OF DEATH (MONTH, DAY AND YEAR): 10-22-1928

17. I HEREBY CERTIFY, That I attended deceased from Aug 1, 1928, to Oct 22, 1928, that I last saw h[illegible] alive on Oct 22, 1928, and that death occurred, on the date stated above, at ..... m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: Myocardial Degeneration

90B (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY): arteriosclerosis (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH?

DID AN OPERATION PRECEDE DEATH? no. DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) C E Salyer, M. D

, 19 (Address) Hannibal 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: St. Mary's Cemetery — DATE OF BURIAL: 10-25 1928

20. UNDERTAKER: James O'Donnell — ADDRESS: Hannibal Mo.

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.