

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

Do not use this space.

5455

1. PLACE OF DEATH

County Boone  
Township Columbia  
City Columbia (No. ....)

Registration District No. 73  
Primary Registration District No. 3006

File No. 76  
Registered No. ....  
St. .... Ward)

2. FULL NAME

(a) Residence. No. 9 South 2nd St., Ward.

(Usual place of abode) (If nonresident give city or town and State)  
Length of residence in city or town where death occurred 27 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 Negro 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 12-5-1872

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
57 2 20

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Teamster  
(b) General nature of industry, business, or establishment in which employed (or employer) Junk dealer  
(c) Name of employer Flare Commission Co

9. BIRTHPLACE (CITY OR TOWN) Rockport  
(STATE OR COUNTRY) Missouri

10. NAME OF FATHER John King

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Rockport  
(STATE OR COUNTRY) Missouri

12. MAIDEN NAME OF MOTHER Adeline Carson

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

14. INFORMANT Beulah King  
(Address) Columbia Missouri

15. FILE NO. 2-28-29 Beatrice Grubbs  
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb - 25 - 19 29

17. I HEREBY CERTIFY, That I attended deceased from Feb - 22 - 19 29, to Feb - 25 - 19 29 that I last saw him alive on Feb 20, 19 29, and that death occurred, on the date stated above, at 11 m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Cancer of Stomach  
(Primary)  
46.R  
(duration) 7 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) WHD  
(duration) .... yrs. .... mos. .... ds.

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

DID AN OPERATION PRECEDE DEATH, DATE OF .....

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS. Physic

(Signed) J. G. Taylor, M. D.  
, 19 (Address) 2-28-29

\*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 Wayway Cemetery DATE OF BURIAL 2-29-1929

20. UNDERTAKER Street P. Parker ADDRESS Columbia, Mo.

I. E.—Every item of information should be carefully supplied. AGE should be stated. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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CAUSE OF DEATH - Every item of information should be recorded so as to be properly classified and tabulated. It is essential that the cause of death be stated in plain, simple, and concise language. The cause of death should be stated in plain, simple, and concise language. The cause of death should be stated in plain, simple, and concise language.

1918

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

**1. PLACE OF DEATH**

County Boone  
Township Columbia  
City Columbia (No. ....)

Registration District No. 73  
Primary Registration District No. 3006

File No. 96  
Registered No. ....  
St. .... Ward

**2. FULL NAME**

Robert King

(a) Residence. No. .... 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 <u>M</u>	4. COLOR OR RACE <u>Col</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED ( <i>write the word</i> ) <u>M</u>
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5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 12-5-1892

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, .... hrs. or .... min.
<u>✓</u>	<u>56</u>	<u>2</u>	<u>20</u>	

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work ..... (duration) ..... yrs. .... mos. .... ds.  
(b) General nature of industry, business, or establishment in which employed (or employer) ..... (duration) ..... yrs. .... mos. .... ds.  
(c) Name of employer

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

**PARENTS**

10. NAME OF FATHER

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

12. MAIDEN NAME OF MOTHER

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

14. INFORMANT ..... (Address)

15. FILED ap 10 19 29 Bestrice Groulx REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

FEB 23 1929

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

17. I HEREBY CERTIFY That I attended deceased from ..... 19..... to ..... 19..... that I last saw him ..... alive on ..... 19....., and that death occurred, on the date stated above, at..... m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

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

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH.....  
DID AN OPERATION PRECEDE DEATH?..... DATE OF.....  
WAS THERE AN AUTOPSY? .....

WHAT TEST CONFIRMED DIAGNOSIS .....

(Signed)....., M. D.  
, 19 (Address)

\*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 ..... DATE OF BURIAL 19

20. UNDERTAKER ..... ADDRESS

REGISTRY, WITH UNFADING INK--THIS IS A PERMANENT RECORD  
 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. REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATION UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

SUPPLEMENTARY

1875