

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

Do not use this space.

**1. PLACE OF DEATH**

County Sates  
Township Croyle  
City Paul Hill (No. \_\_\_\_\_)

Registration District No. 53  
Primary Registration District No. 3005

File No. 9491  
Registered No. 16  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME** Albert 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. moa. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX M 4. COLOR OR RACE W 5. ~~SINGLE, MARRIED, WIDOWED OR DIVORCED~~ (write the word) Divorced

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 186-5-20

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
67 10 7

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work Labor  
(b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_  
(c) Name of employer \_\_\_\_\_

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

10. NAME OF FATHER Louis King

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

12. MAIDEN NAME OF MOTHER Lizzie Faeth

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

14. INFORMANT W. L. King  
(Address) Butler mo

15. FILED May 29 1929 James Gallen REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov 26 1929

17. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw him alive on Jan 15, 1929, and that death occurred, on the date stated above, at 5 pm m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Acute Regurgitation

(duration) yrs. mos. ds.  
CONTRIBUTORY (SECONDARY) 90 W  
(duration) yrs. mos. ds.

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

19. DID AN OPERATION PRECEDE DEATH? no DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Chemical  
(Signed) W. L. King M. D.

, 19\_\_\_\_ (Address) Rich Hill

\*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 Green Lawn DATE OF BURIAL 3-27 1929

20. UNDERTAKER H. E. Laughan ADDRESS R. H. 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.

23 1929

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