

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

Do not use this space.

10275

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.

APR 24 1929

1. PLACE OF DEATH  
 County Moine Registration District No. 318  
 Township N. Carroll Primary Registration District No. 2001  
 City Grandville Mo. (No. 905 S Newton) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Richard Calvin King  
 (a) Residence. No. 905 S Newton St. V 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. 22 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb. 22, 1929

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
0 0 15 15 — — —

8. OCCUPATION OF DECEASED  
 (a) Trade, profession, or particular kind of work \_\_\_\_\_  
 (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) Mo

10. NAME OF FATHER James King

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

12. MAIDEN NAME OF MOTHER Luella Bishop

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

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar 7 1929

17. I HEREBY CERTIFY, That I attended deceased from Mar 4, 1929, to Mar 7, 1929, that I last saw him alive on Mar 7, 1929 and that death occurred, on the date stated above, at 8 — — a.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Bronchitis Pneumonia  
107 ft (duration) yrs. mos. ds.  
 CONTRIBUTORY (SECONDARY) 100 ft (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? \_\_\_\_\_  
 (Signed) H. F. Kerr, M. D.  
Mar 3, 1929 (Address) 610 Washington St. Bldg.  
 \*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 Coal Run Cemetery DATE OF BURIAL Mar 9 1929  
 20. UNDERTAKER W. F. Starnes ADDRESS Walnut Street

14. INFORMANT James King  
 (Address) 905 S Newton

15. FILED 3-9-29 O. Horst MEO REGISTRAR

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