

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

Do not use this space.

13546

1. PLACE OF DEATH

County St. Louis Registration District No. 840
Township Duck Creek Primary Registration District No. 6102
City Puxico, Mo. (No.) St. Ward)

File No.
Registered No. 29

2. FULL NAME

James H. King
(a) Residence Puxico, Mo. 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. 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 Myrtle King

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan. 23-1872

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
57 | 1 | 23

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Night watchman
(b) General nature of industry, business, or establishment in which employed (or employer) watching engine
(c) Name of employer Pulver Board

9. BIRTHPLACE (CITY OR TOWN) P.O.A., Mo.
(STATE OR COUNTRY)

10. NAME OF FATHER W.A. King

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

12. MAIDEN NAME OF MOTHER Emma Festerstein

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

14. INFORMANT Howard King
(Address)

15. FILED 3-19-1929 E.L. Hope REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 18, 1929

17. I HEREBY CERTIFY, That I attended deceased from 19 to 19 that I last saw him alive on March 17, 1929, and that death occurred, on the date stated above, at 4:30 A. in.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Accident = Boiler Exploded = Killed
Instantly
2:50 P.M. (duration) yrs. mos. 90 ds.

CONTRIBUTORY (SECONDARY) 1877 (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.

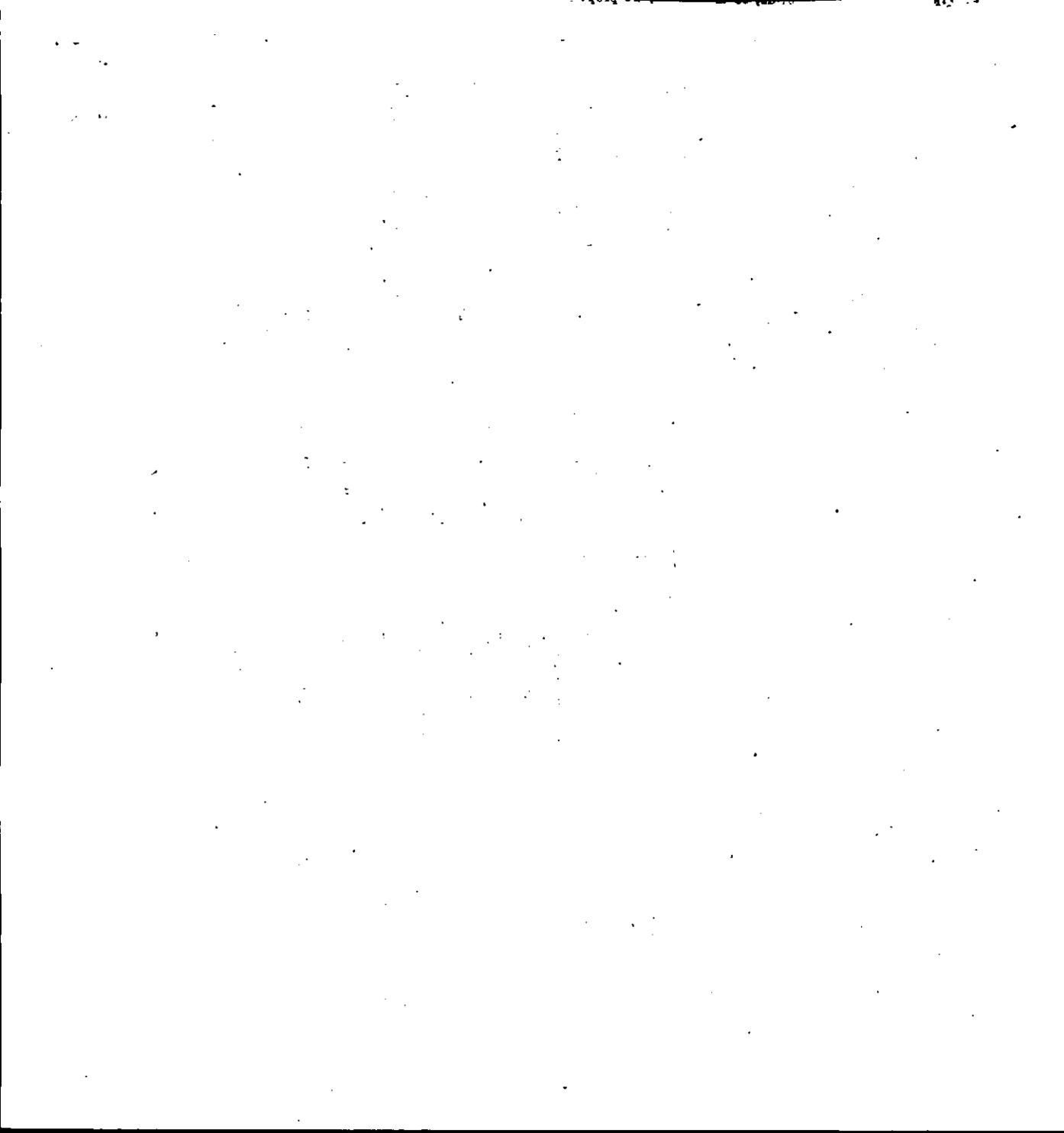
(Signed) E.L. Edmund M. D.

3/20, 1929 (Address) Puxico, 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 Puxico Cemetery DATE OF BURIAL 3-20 1929

20. UNDERTAKER Hickman-White Store ADDRESS



**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 Stoddard
Township Duck Creek
City..... (No..... St..... Ward)

Registration District No. 840
Primary Registration District No. 6102

File No.....
Registered No. 29

2. FULL NAME

James H. 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. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>m</u>	4. COLOR OR RACE <u>w</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <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)

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day,hrs. ormin.
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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).....
(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. Feb 19, 1929 E L Hope REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar 18 1929

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

THE CAUSE OF DEATH* WAS AS FOLLOWS:

..... (duration)yrs.mos.ds.
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 W. C. White Street, Piquette Mo ADDRESS

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

SUPPLEMENTARY

S-13546

COLLEGE

1950-1951

1951-1952

1952-1953

1953-1954

1954-1955

1955-1956

1956-1957

1957-1958

1958-1959

1959-1960

1960-1961

1961-1962