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

Do not use this space.

30092

1. PLACE OF DEATH
County Buchanan — Registration District No. 85 — File No.
Township — Primary Registration District No. 1001 — Registered No. 1037
City St. Joseph Mo. (No. Byrds Sanitarium St. Ward)

2. FULL NAME Lee P. King
(a) Residence. No. 1501 Grand Ave. 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): Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 10, 1861

7. AGE: Years 68 — Months 4 — Days 22 — If LESS than 1 day, ...hrs. or ....min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Merchant
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

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

PARENTS
10. NAME OF FATHER John P. King
11. BIRTHPLACE OF FATHER (CITY OR TOWN) King City
(STATE OR COUNTRY) Missouri
12. MAIDEN NAME OF MOTHER Sarah M. Grove
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Staunton
(STATE OR COUNTRY) Virginia

14. INFORMANT Mrs. Wm McKay
(Address) St. Joseph, Mo.

15. FILED SEP 6 1929 19 John G. Jetz S.S. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept. 2, 1929

17. I HEREBY CERTIFY, That I attended deceased from Aug 27, 1929, to Sept 1, 1927 that I last saw him alive on Sept 1, 1929 and that death occurred, on the date stated above, at 7:30 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cerebral Hemorrhage

(duration) yrs. mos. 7 ds.

CONTRIBUTORY (SECONDARY) 74 A

Unknown (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? Clinical
(Signed) Emmett F. Cook, M. D.
9/5, 1929 (Address) Phys. Lab. Mdg.

*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: Burglington, Mo. — DATE OF BURIAL: 9/6 1929

20. UNDERTAKER: Heeman Funeral Home — ADDRESS: 1946 Colhoun

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.