FEB 18 1930

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

Do not use this space.

737

3 8 1 2

1. PLACE OF DEATH
County Gentry — Registration District No. 309
Township — Primary Registration District No. 4185
City Albany (No. ..... St. ..... Ward)

File No. .....
Registered No. 7

2. FULL NAME Haskell Kingsbrough
(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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Male	White	Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug. 31-1846

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
83	4	29	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Retired farmer
(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) Gentry Co Mo.

PARENTS
10. NAME OF FATHER Joseph B. Kingsbough
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Penn.
12. MAIDEN NAME OF MOTHER Ann Orton
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) New York.

14. INFORMANT D. D. Kingsbrough
(Address) Albany Mo.

15. Feby 8, 1930 W. T. Martin REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan. 30 1930

17. I HEREBY CERTIFY, That I attended deceased from June, 1928, to Jan 30, 1930 that I last saw him alive on Dec 5, 1929, and that death occurred, on the date stated above, at One 30 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Carcinoma — on hand (Right-)
55E abt (duration) 10 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) G. W. Whiteley, M. D.
Feby 8, 1930 (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
Grandview	Feb. 1 1930
20. UNDERTAKER	ADDRESS
A. T. Bare	Albany

WRITE PLAINLY, WITH [illegible] INK—THIS IS A PERMANENT RECORD

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.