

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

Do not use this space.

18889

1. PLACE OF DEATH
 County Cass
 Township Campbaret
 City
 Registration District No. 152
 Primary Registration District No. 5216
 File No.
 Registered No. 8
 St. Ward

2. FULL NAME Joseph S. 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 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 Mrs King

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 16 1866

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
63 11 11

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

9. BIRTHPLACE (CITY OR TOWN) New Market, Iowa
 (STATE OR COUNTRY)

10. NAME OF FATHER Albert King

11. BIRTHPLACE OF FATHER (CITY OR TOWN) North Car.
 (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Rachael Hostetter

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Ohio
 (STATE OR COUNTRY)

14. INFORMANT Thos J S King
 (Address) East Lyme Mo

15. FILED 7/28 1930 A. L. Hartzler
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 27 1930

17. I HEREBY CERTIFY, That I attended deceased from 3/1, 1929 to 6-27, 1930
 that I last saw him alive on 6-26, 1930, and that death occurred, on the date stated above, at 3:58 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic Interstitial nephritis

131
89 1/2 about 2 yrs. mos. ds.
 CONTRIBUTORY (SECONDARY) apoplexy
 (duration) yrs. mos. ds. 5

18. WHERE WAS DISEASE CONTRACTED
 * NOT AT PLACE OF DEATH

19. DID AN OPERATION PRECEDE DEATH? no DATE OF
 WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS Clinical findings
 (Signed) W. B. Beckman, M. D.
6/28 1930 (Address) Strasburg, Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MANNER AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Orient Cem. Hammonds DATE OF BURIAL 7/27 1930

20. UNDERTAKER A. L. Hartzler ADDRESS East Lyme Mo

WRITE PLAINLY, WITH OUTFRADING INK WITH 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.

