

**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 Jefferson
Township Jefferson
City (No.) (Ward)

Registration District No. 425
Primary Registration District No. 5580

File No. 19846
Registered No.
St. Ward)

2. FULL NAME

Daniel 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) s-

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. or min.

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)

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. FILED 10 30 John A. Brown 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 19....., to 19....., (that I last saw h..... after on 19....., and that death occurred, on the date stated above, at..... m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

accidental drowning
Meramec River, near Pacific Mo
wharf, in swimming apparatus
Exhaustion (duration) yrs. mos. da.
CONTRIBUTORY James A. Townsend (SECONDARY) (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH?

DID AN OPERATION PRECEDE DEATH? DATE OF 8-2

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

ADDRESS

K. ... Every item of information furnished hereon must be carefully supplied. AGE should be stated in years, months, and days. Y. PHYSICIANS should state CAUSE OF DEATH in full terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. REGISTRAR. I. NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

SUPPLEMENTARY

JOHN A. THIEBES & SON

Funeral Directors

PACIFIC, MO., Nov. 5 - 1930

Dr. J. A. Townsend -
House Springs, Mo -
Dear Sir:

In reply to yours of recent
date in regard to death of
Daniel Kling - He was drowned
about 200 yds North of Jefferson-
Franklin Meramec Bridge near
Pacific, Mo.

He was swimming in river
with friends when suddenly he
started under, apparently seized with
cramps. His companion tried to

JOHN A. THIEBES & SON*Funeral Directors*PACIFIC, MO., Nov. 5 - 1930.

save him and had him within
0 to 15 ft. of bank when it seemed
that Klinge's hold broke loose -
and he sank. I am,

Very truly yours,
J. A. Thielen