

OCT 28 1930

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

Do not use this space.

29117

1. PLACE OF DEATH

County Borne
Township Columbia
City Columbia (No.)

Registration District No. 73
Primary Registration District No. 3006

File No.
Registered No. 196
St. Ward)

2. FULL NAME

George Washington King
(a) Residence. No. 705 Park Ave St. 1st Ward.
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 8 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 Negro 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 11-6-1867

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<u>62</u>	<u>10</u>	<u>15</u>		

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

9. BIRTHPLACE (CITY OR TOWN) Shelby County
(STATE OR COUNTRY) Texas

10. NAME OF FATHER George King

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Randolph Co.
(STATE OR COUNTRY) Missouri

12. MAIDEN NAME OF MOTHER Laura Bevel

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Shelby Co.
(STATE OR COUNTRY) Texas

14. INFORMANT Emma King
(Address) Columbia, Missouri

15. FILED 9/23/1930 F.C. Suggett REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 9-21 1930

17. I HEREBY CERTIFY, That I attended deceased from Aug 29 1930 to Sept - 21, 1930
that I last saw him alive on Sept - 21, 1930, and that death occurred, on the date stated above, at 7:30 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

820
71 Hemiplegia
(duration) yrs. mos. 24 ds.

CONTRIBUTORY (SECONDARY) Arterio-sclerosis
(duration) yrs. 6 mos. ds.

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

0 DID AN OPERATION PRECEDE DEATH? no DATE OF

WHAT TEST CONFIRMED DIAGNOSIS? Physical
(Signed) J. A. Taylor, M. D.

9-29, 1930 (Address) 114 S - 5th

*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 Hunterville Missouri DATE OF BURIAL 9-25-1930

20. UNDERTAKER Stuart P. Parker ADDRESS Columbia, Mo.

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.

