

SEP 26 1930

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

Do not use this space.

30859

1. PLACE OF DEATH

County Randolph Registration District No. 735
Township _____ Primary Registration District No. 3034
City Moberly (No. 904 So. 4th St. _____ Ward _____)

File No. _____
Registered No. 398

2. FULL NAME James Oscar Kingo

(a) Residence. No. 904 So 4th St. _____ Ward _____
(Usual place of abode)
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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Maggie Kingo</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Mch 21st 1861</u>		
7. AGE YEARS <u>69</u>	MONTHS <u>5</u>	DAYS <u>12</u>
IF LESS than 1 day, _____ hrs. or _____ min.		
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>Carpenter</u> (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) mo

PARENTS	10. NAME OF FATHER <u>Joseph Kingo</u>
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) _____ (STATE OR COUNTRY) <u>mo</u>
	12. MAIDEN NAME OF MOTHER <u>Elizabeth Sears</u>
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) _____ (STATE OR COUNTRY) <u>mo</u>

14. INFORMANT Mrs Maggie Kingo (Address) Moberly Mo

15. FILED 9/5-30 19. 30 Dr. Thos. S. Fleming REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept. 3rd 1930
17. I HEREBY CERTIFY, That I attended deceased from Aug 31, 1929, to Sept 3, 1930 that I last saw him alive on Sept 3, 1930, and that death occurred, on the date stated above, at 7:50 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

4 1/2 Myocarditis
93 D Sclerosis
(duration) _____ yrs. 2 mos. _____ ds.
CONTRIBUTORY Cover Liver
(SECONDARY) (duration) 7 yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED 4413
IF NOT AT PLACE OF DEATH _____

DID AN OPERATION PRECEDE DEATH? No DATE OF _____
WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? _____
(Signed) H. C. Griffiths M. D.
9-5-30 (Address) Moberly Mo.

*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 Huntsville, mo DATE OF BURIAL 9-5-30 1930

20. UNDERTAKER Mahan and Son ADDRESS Moberly 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.

