

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

Do not use this space.

38869

File No. _____
Registered No. 120
St. _____ Ward _____

PLACE OF DEATH

County Blair Registration District No. 29
Township Liberty Primary Registration District No. 8780
City _____ (No. _____)

2. FULL NAME Moses King

(a) Residence. No. Liberty, Mo. 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) widowed.

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct. 20 - 1843

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
87 ✓ 11

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) Self
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Chariton Co. Mo.
(STATE OR COUNTRY)

10. NAME OF FATHER Morgan King

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

12. MAIDEN NAME OF MOTHER Mary Ann Titus

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

14. INFORMANT Mrs. O. M. Petty
(Address) R#1 Liberty Mo.

15. FILED 1/10/31 W. H. Woodson REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH. (MONTH, DAY AND YEAR) Dec. 31 - 1930

17. I HEREBY CERTIFY, That I attended deceased from Dec. 27, 1930, to Dec. 31, 1930
that I last saw him alive on Dec. 31, 1930, and that death occurred, on the date stated above, at 3 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Arterio Sclerosis
(and Sinusitis)
(duration) _____ yrs. _____ mos. 9 ds.

CONTRIBUTORY (SECONDARY) POW
(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) J. D. Myerson, M. D.

1/6, 1931 (Address) Liberty 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 Fairview, Liberty, Mo. DATE OF BURIAL 1/1 1931

20. UNDERTAKER Church - Archer Co Liberty Mo. ADDRESS _____

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.

STATE BOARD OF HEALTH, WITH CHARGING INSTRUCTIONS TO ATTENDING PHYSICIANS

