

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

Do not use this space.

13777

**1. PLACE OF DEATH**

County Gentry  
Township Cooper  
City Warlington (No. \_\_\_\_\_)

Registration District No. 310  
Primary Registration District No. 64292

File No. \_\_\_\_\_  
Registered No. 77  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(a) Residence, No. Warlington St., 2nd Ward.  
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 59 yrs. 9 mos. 26 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 Opal King

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 15 1871

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
59 9 26

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) May 1930 11. Total time (years) spent in this occupation 58

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Gentry Co. Missouri

13. NAME Louis King

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana

15. MAIDEN NAME Rachel H. Cranor

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Gentry Co. Mo.

17. INFORMANT Warlington, Mo. (ADDRESS)

18. BURIAL, CREMATION OR REMOVAL PLACE Warlington DATE April 16 1931

19. UNDERTAKER A. T. Bare (ADDRESS) Albany, Mo.

20. FILED 4/15 1931 Matthie David Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 14 1931

22. I HEREBY CERTIFY, That I attended deceased from March 1, 1930, to April 14, 1931.

I last saw him alive on April 9, 1931. Death is said to have occurred on the date stated above, at 8 P. m.

The principal cause of death and related causes of importance were as follows:

Diabetes  
59  
902  
Gaugme.  
59  
Date of onset 1930

Other contributory causes of importance:

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? Hain Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_

Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_  
Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? ND  
If so, specify \_\_\_\_\_

(Signed) J. N. Berger, M. D.  
(Address) Albany, 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. MAY 23 1931

