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

Do not use this space.

18671

File No. 10

Registered No.

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.

JUL 21 1932

1. PLACE OF DEATH

9 County Bollinger — Registration District No. 69

Township Wayne — Primary Registration District No. 5108

City Greenbrier (No. ..., ... St. ..... Ward)

2. FULL NAME Otto Frences 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. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Male	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF ~~WIFE OF~~ Gertie King

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mar, 15th 1892

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
40	3	10	

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

9. BIRTHPLACE (CITY OR TOWN) Greenbrier Mo
(STATE OR COUNTRY)

PARENTS
10. NAME OF FATHER A C King
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Zelma Mo
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER McClane
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Zelma
(STATE OR COUNTRY)

14. INFORMANT Mr,s Gertie King
(Address) Greenbrier Mo

15. FILED 6-26, 1932 A.T. Kirkpatrick REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 25 1932

17. I HEREBY CERTIFY, That I attended deceased from January, 1920, to June 25, 1932 that I last saw him alive on June 20, 1932, and that death occurred, on the date stated above, at 7 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pulmonary Tuberculosis
3 yrs
(duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (SECONDARY) .....
(duration) ....yrs. ....mos. ....ds.

18. WHERE WAS DISEASE CONTRACTED (1)

IF NOT AT PLACE OF DEATH .....

DID AN OPERATION PRECEDE DEATH? No DATE OF .....

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) A.T. Kirkpatrick, M. D.

, 19 (Address) Zelma 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	DATE OF BURIAL
Eaker Cemetery At Hahn Mo,	June 26 1932
20. UNDERTAKER	**ADDRESS**
A. J. Baker	Lutesville