

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

Do not use this space.

27304

1. PLACE OF DEATH

96 County St. Louis Registration District No. 1123
 Township Cassidelle Primary Registration District No. 6248
 City Kennerly St. _____ Ward _____

File No. _____
 Registered No. 268
 St. _____ Ward _____

2. FULL NAME

Eldridge King
 (a) Residence No. _____ 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.

PERSONAL AND STATISTICAL PARTICULARS

SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) _____		
7. AGE YEARS <u>About 39</u>	MONTHS <u>7</u>	DAYS <u>7</u>
IF LESS than 1 day, _____ hrs. or _____ min.		
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>Salesman</u> (b) General nature of industry, business, or establishment in which employed (or employer) <u>Relay Engineer of back</u> (c) Name of employer _____		
9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Tex</u> <u>31</u>		
PARENTS	10. NAME OF FATHER _____	
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) _____	
	12. MAIDEN NAME OF MOTHER _____	
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) _____	

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug. 5 1932

17. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____, that I last saw him _____ alive on _____, 19____, and that death occurred; on the date stated above, at _____ m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Homicide by firearms
at hands of party
unknown
173 (duration) yrs. mos. ds.
gunshot wound
 CONTRIBUTORY (SECONDARY)
173 (duration) yrs. mos. ds.
shot wound of back

18. WHERE WAS DISEASE CONTRACTED Jefferson Barracks 5
 IF NOT AT PLACE OF DEATH _____
 DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____
 WAS THERE AN AUTOPSY? _____
 WHAT TEST CONFIRMED DIAGNOSIS? Physical signs
 (Signed) John O. Connelley M. D.
 16 _____ (Address) _____

*State the DISEASE CAUSING DEATH, or in death from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

14. INFORMANT Mrs. Ballie Clayton
 (Address) _____

15. FILED 8/6 1932 U. S. C. Brock M. C. REGISTRAR

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Johnson City Tenn DATE OF BURIAL Aug 7 1932

20. UNDERTAKER Wendell H. C. Tucker ADDRESS 7818

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

SEP 27 1932

