

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

Do not use this space.

1. PLACE OF DEATH

County JACKSON

Registration District No. 389

Township KAW

Primary Registration District No. 1003

City KANSAS CITY

(No. ST. LUKE'S HOSPITAL)

File No. 29243

Registered No. 3416

St. 8 Ward

2. FULL NAME

DR. W. EUGENE KING

(a) Residence, No. 814 EAST-68TH St., 8 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 <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>MRS. LYDE M. KING</u> | | |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) | | |
| 7. AGE | YEARS <u>67</u> | MONTHS DAYS IF LESS than 1 day,hrs. ormin. |
| OCCUPATION | 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>PHYSICIAN 108</u> | |
| | 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>2131</u> | |
| | 10. Date deceased last worked at this occupation (month and year) | |
| 11. Total time (years) spent in this occupation | | |
| 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>MISSOURI</u> | | |
| FATHER | 13. NAME <u>WILLIAM R. KING</u> | |
| | 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>KENTUCKY</u> | |
| MOTHER | 15. MAIDEN NAME <u>HARRIETT WILLIAMS</u> | |
| | 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>KENTUCKY</u> | |
| 17. INFORMANT <u>MRS. LYDE M. KING</u> (ADDRESS) <u>814 E 68TH</u> | | |
| 18. BURIAL, CREMATION, OR REMOVAL PLACE <u>FLM.W.D.D</u> DATE <u>SEPT-10-1932</u> | | |
| 19. UNDERTAKER <u>D. W. NEWCOMER'S SONS</u> (ADDRESS) <u>KANSAS CITY, MISSOURI</u> | | |
| 20. FILED <u>9/9</u> 19 <u>32</u> <u>M. M. Crowe</u> Asst Registrar. | | |

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) SEPTEMBER 8 1932

22. I HEREBY CERTIFY, That I attended deceased from Aug 25 1932, to Sept 8 1932.
I last saw him alive on Sept 8 1932. Death is said to have occurred on the date stated above, at 7:30 P. m.
The principal cause of death and related causes of importance were as follows:
Lobar pneumonia
108
Other contributory causes of importance:
abscess lung
septicemia

Name of operation lob Date of no

What test confirmed diagnosis? no Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no 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 no

Nature of injury no

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify OPMT person, M. D.
(Signed) W. E. King
(Address) 814 E 68TH

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.

MARGIN RESERVED FOR BINDER

VS. NO. 2

Dr. Owen P. Merson

703 Waldheim Bldg.

10:30 - 5'