

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

Do not use this space.

9313

1. PLACE OF DEATH

County Herry
Township Deer Creek
City (No.) St. Ward)

Registration District No. 349
Primary Registration District No. 5499

File No.
Registered No. 4

2. FULL NAME

Henry Edward Kingyon
(a) Residence, No. St. Ward. (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 M 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 Mary Francis Kingyon

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 30 1858

7. AGE YEARS 74 MONTHS 7 DAYS 7 IF LESS than 1 day, hrs. or min.

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) 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) Marionville (STATE OR COUNTRY) Washington County Illinois

13. NAME Daniel Kingyon

14. BIRTHPLACE (CITY OR TOWN) son (STATE OR COUNTRY) Illinois

15. MAIDEN NAME Annie Strauback

16. BIRTHPLACE (CITY OR TOWN) Germany (STATE OR COUNTRY)

17. INFORMANT Mrs H E Kingyon (ADDRESS) Clinton mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Clinton DATE 3/9 1933

19. UNDERTAKER Spore & Son (ADDRESS) Clinton mo

20. FILED Mar. 9 1933 Mrs. A. C. Gray Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 7 1933

22. I HEREBY CERTIFY, That I attended deceased from Feb 25 1933, to Mar 7 1933. I last saw him alive on Mar 7 1933. Death is said

to have occurred on the date stated above, at 6 P m.

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

Valvular heart disease Date of onset

Other contributory causes of importance: None

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

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?
If so, specify

(Signed) Samuel A. Poague, M. D.
(Address) Clinton mo

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.

APR 21 1933

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