

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

Do not use this space.

17865

**1. PLACE OF DEATH**

County..... Registration District No. 791  
 Township..... Primary Registration District No. 1003  
 City..... (No. ....) St. .... Ward.....

File No. ....  
 Registered No. 4056

**2. FULL NAME**

James King  
 (a) Residence. No. 821 So. Ewing St. 18 Ward. ....  
 (Usual place of abode)  
 Length of residence in city or town where death occurred 10 yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX male 4. COLOR OR RACE Col 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Margaret King  
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) 7-10-1881  
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 52 1 22

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

9. BIRTHPLACE (CITY OR TOWN) Miss.  
 (STATE OR COUNTRY)

PARENTS  
 10. NAME OF FATHER Unknown  
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Unknown  
 12. MAIDEN NAME OF MOTHER Unknown  
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Unknown

14. INFORMANT Margaret King  
 (Address) 821 So. Ewing Ave.

15. FILED 5 1933 F. J. Fredeck REGISTRAR

**2 MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 2 19 33  
 17. I HEREBY CERTIFY, That I attended deceased from Apr 5, 1933, to May 2 1933 that I last saw him alive on Apr 25, 1933, and that death occurred, on the date stated above, at 9:50 a.m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Acute Endocarditis - (Septic)  
31 (duration) yrs. mos. 30 ds.  
 CONTRIBUTORY nephritic chr.  
 (SECONDARY) (duration) 2 yrs. mos. -- ds.

18. WHERE WAS DISEASE CONTRACTED  
 IF NOT AT PLACE OF DEATH.....  
 DID AN OPERATION PRECEDE DEATH? no DATE OF.....  
 WAS THERE AN AUTOPSY? no  
 WHAT TEST CONFIRMED DIAGNOSIS? Clinical  
 (Signed) L. R. Westphal M. D.  
5/2 .1933 (Address) 2726 Chouteau

\*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 Washington Park DATE OF BURIAL May 6 19 33  
 20. UNDERTAKER Tanner Ind. Co. Schouteau ADDRESS 1134

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.

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