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.

AUG 26 1933

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

Do not use this space.

1. PLACE OF DEATH
County Jefferson — Registration District No. 420 — File No. 23531
Township Waite — Primary Registration District No. 3022 — Registered No. 56
City De Soto (No. ..., ... St. ..... Ward)

2. FULL NAME Harold Kingston (William Harold)
(a) Residence, No. 717 Jefferson St., ... Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 68 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 Anna Kingston
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 7th 1863
7. AGE YEARS 69 MONTHS 8 DAYS 19 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Sheet &
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Metal Worker
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) St. Charles Mo

FATHER
13. NAME William Kingston
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not Known

MOTHER
15. MAIDEN NAME Mary Knochbar
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not Known

17. INFORMANT (ADDRESS) Anna Kingston
18. BURIAL, CREMATION, OR REMOVAL PLACE De Soto Mo DATE 7/29 1933
19. UNDERTAKER (ADDRESS) Richardson & Mothershead De Soto Mo.
20. FILED 7/27, 1933 D L Rangely Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 26, 1933
22. I HEREBY CERTIFY, That I attended deceased from 5-31, 1933, to 7-26, 1933
I last saw him alive on 7-26, 1933 Death is said to have occurred on the date stated above, at 8:50 p.m.
The principal cause of death and related causes of importance were as follows:
Typhoid Fever — Date of onset 7-1-33
1 Bbls
1 Bbls
Other contributory causes of importance:
Fracture of Ribs 5/26/33
none
Name of operation ..... Date of ..... Lab
What test confirmed diagnosis? Clinical Was there an autopsy? No
23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Ac Date of injury 5/26, 1933
Where did injury occur? De Soto Mo (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury Fall
Nature of injury Fracture of Ribs
24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) Chas E Hallett M. D.
(Address) De Soto Mo