

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.

OCT 20 1933

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

Do not use this space.

29114

1. PLACE OF DEATH

County Cheyate Registration District No. 204  
Township Shrub. Primary Registration District No. 3013  
City Cameron (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
Registered No. 44  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

Seth W King

(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ 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 Male 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 Miss Seth King  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 7 1863  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
70 4 17

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter  
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) (STATE OR COUNTRY) Savannah, Ga

MOTHER'S FATHER'S 13. NAME Seth W King

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ga

15. MAIDEN NAME Sarah Rawser

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

17. INFORMANT (ADDRESS) Miss Seth King, Cameron, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Trickard Cem. DATE Sept 26, 1933

19. UNDERTAKER (ADDRESS) O. A. Moore, Cameron, Mo

20. FILED 9/26 1933 D. C. Riley Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 24, 1933  
22. I HEREBY CERTIFY, That I attended deceased from June 21, 1931 to Sept 24, 1933  
I last saw him alive on Sept 23, 1933 Death is said to have occurred on the date stated above, at 3:35 P. M.

The principal cause of death and related causes of importance were as follows:  
Pulmonary Tuberculosis Date of onset June 1931  
Other contributory causes of importance: None

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? Physician Was there an autopsy? No

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 A. J. Gulliland, M. D.  
(Signed) C. Cameron (Address) \_\_\_\_\_

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