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.

OCT 20 1933

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

Do not use this space.

29300

1. PLACE OF DEATH

36

County Franklin — Registration District No. 297 — File No.

Township St. Johns — Primary Registration District No. 34/4 — Registered No. 64

City ..... (No. ..... , ... St. ..... Ward)

2. FULL NAME William Thomas King

(a) Residence, No. 6 miles west of Washington St., ... Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 5 yrs. 0 mos. 0 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Widowed

5A. IF ~~MARRIED, WIDOWED, OR DIVORCED~~ HUSBAND OF ~~(OR) WIFE OF~~ Nancy Ellen Rumans

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 9th, 1849

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	84	3	26	

OCCUPATION

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. Farmer

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) White County Indiana

FATHER

13. NAME William Thomas King

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

MOTHER

15. MAIDEN NAME Harriet Edwards

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

17. INFORMANT (ADDRESS) Mrs. J.C. Maupin Washington, Mo. R. # 1.

18. BURIAL, ~~CREMATION~~ OR REMOVAL

PLACE Park Ridge Cemetery DATE 9-8 1933

19. UNDERTAKER (ADDRESS) Marshall, Mo. Otto & Co., Washington, Mo.

20. FILED Sept 7 1933 O. L. Mnemah Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 5 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan. 3, 1933 to Sept. 5, 1933

I last saw him alive on Sept 4, 1933 Death is said to have occurred on the date stated above, at 8 45 p.m.

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

Cancer of Stomach — Date of onset Sept 1 1932

U.S.B.

Other contributory causes of importance:

No

Name of operation No — Date of —

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? ..... 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? No

If so, specify —

(Signed) J. D. Maupin, M. D.

(Address) Washington Mo