

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

Do not use this space.

31989

1. PLACE OF DEATH

County Vernon Registration District No. 875

Township _____ Primary Registration District No. 3039

City Nevada (No. _____) St. _____ Ward _____

File No. H. G. R.

Registered No. 270

2. FULL NAME Lewis Arthur Kingsley

(a) Residence, No. Vernon Co Mo St. _____ Ward _____

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 6 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 W 9. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Melva Kingsley

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 26 1870

7. AGE YEARS 63 MONTHS 2 DAYS 26 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) Sept 20 1933 11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dont Know Vernon Co Ohio

13. NAME John Kingsley

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dont Know

15. MAIDEN NAME Ida Fish

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dont Know

17. INFORMANT Melva Kingsley (ADDRESS) Nevada Mo

18. BURIAL, CREMATION, OR REMOVAL Newton Cem DATE Sept 23 1933

19. UNDERTAKER Ferry Funeral Home (ADDRESS) Nevada Mo

20. FILED 10-6-33 E. R. King Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 23 1933

22. I HEREBY CERTIFY, That I attended deceased from 9-20 1933, to 9-22 1933

I last saw him alive on 9-21 1933 Death is said to have occurred on the date stated above, at 3 a m.

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

congestion of the
liver
and
malaria

Date of onset 9-20-33

Other contributory causes of importance: 36

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) J. T. Hornback, M. D.
(Address) Nevada Mo

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

MOTHER FATHER OCCUPATION

