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.

JAN 4 1934

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

Do not use this space.

36235

File No. .....

Registered No. 810

1. PLACE OF DEATH

County Greene Registration District No. 318

Township North Campbell Primary Registration District No. 5439

City Springfield (No. Route 4 ..... St. ..... Ward)

2. FULL NAME William B. King

(a) Residence, No. County Farm ..... 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*): no

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: no

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): no

7. AGE: 80 (approximately) — YEARS ..... MONTHS ..... DAYS ..... If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: no

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: no

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): Baxter County Ohio

FATHER

13. NAME: James Clark King

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): no

MOTHER

15. MAIDEN NAME: Betsey Banding

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): no

17. INFORMANT (ADDRESS): Supt. — County Farm Springfield, Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE Greene County Farm DATE Nov 20 1933

19. UNDERTAKER (ADDRESS): W. M. McDonald Springfield Mo

20. FILED 11-20 1933 Ralph Lin Lange Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Nov 19, 1933

22. I HEREBY CERTIFY, That I attended deceased from August, 1933, to Nov 19, 1933

I last saw him alive on Nov 8, 1933. Death is said to have occurred on the date stated above, at 1:30 p.m.

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

	Date of onset
Senility	
16E	

Other contributory causes of importance: Senile Dementia

Name of operation ..... Date of .....

What test confirmed diagnosis? Physical 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) John W. Wilhan Jr, M. D.

(Address) Springfield