

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

Do not use this space.

25861  
2423  
CC8

**1. PLACE OF DEATH**

County Patton Registration District No. \_\_\_\_\_ File No. \_\_\_\_\_  
Township \_\_\_\_\_ Primary Registration District No. 3032 Registered No. \_\_\_\_\_  
City Sedalia (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Donald J. Kingsbury  
(a) Residence, No. 910 no Crays 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 <u>M</u>	4. COLOR OR RACE <u>col</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>X</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan 23 1923</u>		
7. AGE	YEARS	MONTHS
	<u>1</u>	<u>9</u>
		DAYS
		<u>23</u>
		If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>X</u>	11. Total time (years) spent in this occupation _____
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>X</u>	
	10. Date deceased last worked at this occupation (month and year) _____	

12. BIRTHPLACE (CITY OR TOWN) Sedalia  
(STATE OR COUNTRY) Mo

MOTHER  
13. NAME Roderrick Kingsbury

14. BIRTHPLACE (CITY OR TOWN) Sedalia  
(STATE OR COUNTRY) Mo

15. MAIDEN NAME Mildred Walker

16. BIRTHPLACE (CITY OR TOWN) Sedalia  
(STATE OR COUNTRY) Mo

17. INFORMANT Mildred Walker  
(ADDRESS) Sedalia Mo

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Sedalia Mo DATE July 17 1934

19. UNDERTAKER F. D. Ferguson  
(ADDRESS) Sedalia

20. FILED 7-16- 1934 Jean Slack  
Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7/15 1934

22. I HEREBY CERTIFY, That I attended deceased from 7/13 1934 to 7/15 1934

I last saw him alive on 7/15 1934 Death is said to have occurred on the date stated above, at 2:00 p.m.

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

Pneumonia Date of onset 7/12

194B

194B

194B

Other contributory causes of importance: Strangulation

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 \_\_\_\_\_, 1934

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) W. S. Nierse, M. D.

(Address) Sedalia Mo

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN'S should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. AUG 8 1934

*Pettis*

Dear Sir:

It is essential that death certificates be complete in every particular in order that proper classification may be made. You are therefore requested to make every effort to obtain the following information, indicated by check marks, lacking from the death certificate.

Name: Donald V Kingsbury  
Who died at \_\_\_\_\_ on July 15-1934  
Residence: No. \_\_\_\_\_ St. \_\_\_\_\_  
(If nonresident, city or town)

Length of residence in city or town where death occurred: Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_  
Sex m Color or race B Single, ~~married~~, ~~widowed~~ or ~~divorced~~: \_\_\_\_\_

Date of birth \_\_\_\_\_ Age: Years 1 Months 5 Days 23

Occupation: (a) Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. \_\_\_\_\_  
(b) Industry or business in which work was done, as silk mill, saw mill, bank, etc. \_\_\_\_\_

Date deceased last worked at this occupation: Month \_\_\_\_\_ Year \_\_\_\_\_

Birthplace (State or country) Greenwood, Texas

Birthplace of father (State or country) Broussard

Birthplace of mother (State or country) \_\_\_\_\_

Principal cause of death: Strangulation - caused by water dashed in face

Other contributory causes of importance \_\_\_\_\_

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

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 \_\_\_\_\_

Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_

If so, specify \_\_\_\_\_

Name of physician \_\_\_\_\_

Address of physician \_\_\_\_\_

X Signature of Registrar John Slack Date filed 7-16-34

This information is sought for statistical purposes only and in order that the official report may be complete and correct. Please reply promptly using the enclosed official envelope which requires no postage.

Very truly yours,  
E. T. McLaugh M.D.

Reg. Dist. No. 668

Primary Reg. Dist. No. 3092

Special Agent.

later was dashed in the  
child's face - reason unknown -  
caused strangulation  
which developed into  
Pneumonia - Thorax

May I'll have this

of the amount of

the Balance

1934  
4391  
562-2584

Inter-Office Circular

and signed as

Regulation B

Waters - M. T. W.