

OCT 1 1934

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

Do not use this space.

35044

1. PLACE OF DEATH

County Wash Registration District No. 887
Township Boston Primary Registration District No. 6179
City (No.) Ward.

File No.
Registered No.
St. Ward

2. FULL NAME

Robert Howard 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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>✓</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug 5, 1907</u>		
7. AGE YEARS <u>27</u>	MONTHS <u>1</u>	DAYS <u>20</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>Mining</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>✓</u>
	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) Palmers

FATHER 13. NAME James King

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Palmers

MOTHER 15. MAIDEN NAME Martha Cash

MOTHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Palmers

17. INFORMANT (ADDRESS) Miss Martha Cash

18. BURIAL, CREMATION, OR REMOVAL
PLACE Potosi Mo. DATE 9-26

19. UNDERTAKER (ADDRESS) Sparks & Sparks Potosi Mo.

20. FILED Oct 5, 1934 G.F. Creswell Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 26 1934

22. I HEREBY CERTIFY, That I attended deceased from July 28, 1934 to, 19.....
I last saw him alive on Aug. 17, 1934. Death is said to have occurred on the date stated above, at 5A m.

The principal cause of death and related causes of importance were as follows:
Pulmonary Tuberculosis
Date of onset

Other contributory causes of importance: M

Name of operation

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide?

Manner of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Jos. L. Plyman, M. D.
(Address) Potosi, 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.

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