

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

Do not use this space.

**JUN 21 1935**

16268

**1. PLACE OF DEATH**

County Henry Registration District No. 349  
 Township Springfield Primary Registration District No. 8800  
 City Clinton (No. .... St. .... Ward)

File No. ....  
Registered No. 6

**2. FULL NAME**

But 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 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

**MEDICAL CERTIFICATE OF DEATH**

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Mrs But King</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>8-21-1856</u>		
7. AGE	YEARS <u>78</u>	MONTHS <u>8</u>
		DAYS <u>13</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>Farmer</u>	
	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)	11. Total time (years) spent in this occupation <u>Life</u>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Page Co. Iowa</u>		
FATHER	13. NAME <u>George King</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Illinois</u>	
MOTHER	15. MAIDEN NAME <u>Susan Otis</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Illinois</u>	
17. INFORMANT (ADDRESS) <u>Mrs But King Clinton, Mo. R2</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Eric Kansas</u> DATE <u>May 7 1935</u>		
19. UNDERTAKER (ADDRESS) <u>Fred Wilkinson Clinton, Mo.</u>		
20. FILED <u>5-7</u> , 19 <u>35</u> <u>Mrs A. A. Gray</u> -Registrar.		

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-4, 1935

22. I HEREBY CERTIFY, That I attended deceased from April 10, 1935, to May 4<sup>th</sup>, 1935.  
 I last saw him alive on May 4<sup>th</sup> 5:30 P.M., 1935. Death is said to have occurred on the date stated above, at 5:55 P.M.  
 The principal cause of death and related causes of importance were as follows:  
Infection of bowels (Typhoid) with double Lemia of jaws infection  
 Date of onset April 6<sup>th</sup> 35

Other contributory causes of importance:  
Prostatic Gland.

Name of operation Clinical Date of       
 What test confirmed diagnosis? Clinical 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) Dr. Lloyd J. Carroll, M. D.  
 (Address) Clinton Missouri

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.

WHITE PRINTING, WITH UNFADING INK—THIS IS A PERMANENT RECORD

