

SEP 18 1935

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

Do not use this space.

1. PLACE OF DEATH

County Buchanan
Township St. Joseph
City St. Joseph

85

Registration District No. _____
Primary Registration District No. 1001

25664

File No. _____
Registered No. 883
St. _____ Ward _____

2. FULL NAME Mytus King

(a) Residence, No. 2428 S. 12th St., 7th Ward.
(Usual place of abode)

Length of residence in city or town where death occurred 23 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 9, 1877

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
58 4 15

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Blacksmith
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 life occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Agency, Missouri

MOTHER FATHER 13. NAME Hamm King

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) North Carolina

15. MAIDEN NAME Amanda Davis

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) North Carolina

17. INFORMANT Mrs. J. T. Duncan
(ADDRESS) 2428 Sp. 12th, St. Joseph

18. BURIAL, CREMATION, OR REMOVAL PLACE Agency, Mo DATE Aug 26 1935

19. UNDERTAKER H. A. Sullins
(ADDRESS) Gower, Mo

20. FILED 8-25-35 John R. Bender
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 24 1935

22. I HEREBY CERTIFY, That I attended deceased from May 31, 1935, to Aug 24, 1935
I last saw him alive on Aug 24, 1935 Death is said to have occurred on the date stated above, at 6 P.M.
The principal cause of death and related causes of importance were as follows:

Cancer of Throat
Primary seat
starvation
Date of onset 2 months

Name of operation _____ 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) Charles H. Werner, M. D.
(Address) 409 Kirkpatrick Bldg
St. Joseph 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.

