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.

SEP 2 5 1935

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

Do not use this space.

26407

1. PLACE OF DEATH
County: Jackson — Registration District No.: 399
Township: — Primary Registration District No.: 1002
City: K.C.MO. (No. 953 Bell St St. Ward)

File No.:
Registered No.:

2. FULL NAME: Isaiah King
(a) Residence, No. 1605 W 9th St 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: Col
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Lizzie King
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 6-22-1883
7. AGE: Years 52 Months 1 Days 10 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer
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:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): K.C.MO.

FATHER
13. NAME: John King
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

MOTHER
15. MAIDEN NAME: Julia Langston
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

17. INFORMANT (ADDRESS): Mrs Lizzie King 1605 West 9th St
18. BURIAL, CREMATION, OR REMOVAL
PLACE: Westlawn Cem DATE: Aug 8 1935
19. UNDERTAKER (ADDRESS): Nathan W Baldwin 1520 N 6th St K.C.
20. FILED: Aug 8 1935 M. M. Crosby Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 8-2-35, 19

22. I HEREBY CERTIFY, That I attended deceased from ..., 19 ... to ..., 19..., I last saw him alive on ..., 19..., Death is said to have occurred on the date stated above, at 2:47 ... m.
The principal cause of death and related causes of importance were as follows:

Date of onset

Primary Cerebral Hemorrhage
Chronic Interstitial Nephritis

Other contributory causes of importance:

Name of operation: Date of
What test confirmed diagnosis: Autopsy 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) ..., M. D.
(Address)