

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.

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

Do not use this space.

NOV 25 1935

33341

1. PLACE OF DEATH

County Marion Registration District No. 547
Township Marion Primary Registration District No. 3079
City Farmibol (No. 1700 Fulton Ave)

File No. _____
Registered No. 298
St. 4 Ward

2. FULL NAME

Harry King
(a) Residence, No. 1700 Fulton Ave 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

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mary
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 9, 1868
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 67 9 7

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 16 1935
22. I HEREBY CERTIFY, That I attended deceased from Sept 19, 1935, to Oct 16, 1935
I last saw him alive on Oct 16, 1935. Death is said to have occurred on the date stated above, at _____ m.
The principal cause of death and related causes of importance were as follows:

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Caretaker
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 _____

Myocarditis
9251
Other contributory causes of importance:
Panic disorder
Encephalitis
Date of onset _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) England
13. NAME Joe King
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) England
15. MAIDEN NAME Mary Clark
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Scotland

Name of operation None Date of _____
What test confirmed diagnosis? Chert Was there an autopsy? Yes

17. INFORMANT (ADDRESS) Harry W King
1700 Fulton Ave
18. BURIAL, CREMATION, OR REMOVAL PLACE St. Marys Cemetery DATED 10-19- 1935

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. _____

19. UNDERTAKER (ADDRESS) James O'Donnell
Farmibol Mo
20. FILED Oct 17, 1935 R. H. Seister Registrar.

Manner of injury _____
Nature of injury _____
24. Was disease or injury in any way related to occupation of deceased? No
If so, specify _____
(Signed) B. F. Mungghy M. D.
(Address) Farmibol

