

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.

JUL 22 1936

23313

1. PLACE OF DEATH
 County Jackson Registration District No. 420
 Township Wedge Primary Registration District No. 3022
 City Wetota (No. _____) St. _____ Ward _____

2. FULL NAME Gen Andrew 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 9 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 White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 13/1910

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
	<u>26</u>	<u>2</u>	<u>2</u>	

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

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) Belgrade Mo.

MOTHER FATHER

13. NAME Andrew J King

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Belgrade Mo.

15. MAIDEN NAME Ethel Dickey

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Belgrade Mo.

17. INFORMANT A. J. King
 (ADDRESS) Wetota Mo.

18. BURIAL, CREMATION, OR REMOVAL
 PLACE City Cemetery DATE June 15 1936

19. UNDERTAKER (ADDRESS) Wm. B. D. Smith
Wetota Mo.

20. FILED 6-18 1936 May Pendergast
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 15, 1936

22. I HEREBY CERTIFY, That I attended deceased from May 7, 1936, to June 15, 1936.
 I last saw him alive on June 13, 1936. Death is said to have occurred on the date stated above, at 5:30 m.
 The principal cause of death and related causes of importance were as follows:
Chronic Endocarditis (Date of onset) _____

Other contributory causes of importance:
Acute Endocarditis

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? no 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. David Ford, M. D.
 (Address) Wetota Mo.

