

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

OCT 21 1936

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

Do not use this space.

34011

1. PLACE OF DEATH

County Crawford
Township Liberty
City _____ (No. _____)

Registration District No. 233
Primary Registration District No. 5318

File No. _____
Registered No. 291
St. _____ Ward _____

2. FULL NAME

Wesley B. 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 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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>Sarah King</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Mar 23 1854</u>		
7. AGE	YEARS <u>82</u>	MONTHS <u>5</u>
	DAYS <u>28</u>	IF LESS than 1 day,hrs. ormin.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer & merchant</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Retired</u>
	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) New Hartford, MA

13. NAME Robert J. King

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia

15. MAIDEN NAME Leah Jane Trower

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

17. INFORMANT James King
(ADDRESS) Sullivan

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Cath. Luth. ch. Sep. 23, 1936

19. UNDERTAKER (ADDRESS) Thos. P. Schaffer
Sullivan

20. FILED Sept 22, 36 H. F. Gurin M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from Sept 1, 1936, to Sept 21, 1936
I last saw him alive on Sept 17, 1936 Death is said to have occurred on the date stated above, at 10 P. m.
The principal cause of death and related causes of importance were as follows:

Chronic myocarditis
131
Date of onset ?

Other contributory causes of importance:
Chronic Intestinal Myopathy 1935

Name of operation _____ Date of _____
What test confirmed diagnosis? Lab. 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?
If so, specify W. J. Burkhardt M. D.
(Signed) _____ (Address) Sullivan, Mo

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