

FEB 17 1937

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

Do not use this space.

1190

1. PLACE OF DEATH

County Jackson

Registration District No. 398

File No. \_\_\_\_\_

Township Independence

Primary Registration District No. 3019

Registered No. 32

2. FULL NAME

William L. King

(a) Residence, No. 224 S. Venolletas Ward. \_\_\_\_\_

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 64 yrs. 11 mos. 13 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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1 - 25 - 1937

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

22. I HEREBY CERTIFY, That I attended deceased from Jan 25 1937 to Jan 25 1937  
I last saw him alive on Jan 25 1937 Death is said to have occurred on the date stated above, at \_\_\_\_\_ m.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 12 - 1872

The principal cause of death and related causes of importance were as follows:

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .....hrs. or .....min.  
64 11 13

Angina Pectoris Date of onset Jan 25

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer 231  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Labourer for last 15 yrs. Gas Co. and other common labor  
10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ spent in this occupation \_\_\_\_\_

Other contributory causes of importance:  
AKW

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jackson County Missouri

13. NAME Martin Perry King

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

15. MAIDEN NAME Martha Liddle

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

17. INFORMANT (ADDRESS) W. L. King, Jr. 224 S. Venolletas Ind. Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Independence DATE Jan. 27 1937

19. UNDERTAKER (ADDRESS) City of Mitchell Independence Mo.

20. FILED 1-28-37 J. L. Cook Registrar.

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ 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) J. G. Heckenroth, M. D.  
(Address) Independence Mo

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.

