

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

Do not use this space.

**1. PLACE OF DEATH**  
 County Jackson Registration District No. 399  
 Township Raw Primary Registration District No. 1007  
 City K.C. Mo. (No. 1007) Mercy Hosp St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME** Jerry King  
 (a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward Smithville Mo.  
 (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.

File No. 18971  
 Registered No. \_\_\_\_\_  
 St. \_\_\_\_\_ Ward \_\_\_\_\_

**PERSONAL AND STATISTICAL PARTICULARS**

**3. SEX** male **4. COLOR OR RACE** White **5. SINGLE, MARRIED, WIDOWED, OR DIVORCED** (write the word) single

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

**6. DATE OF BIRTH (MONTH, DAY, AND YEAR)** 2/19/36

**7. AGE** YEARS 1 MONTHS 2 DAYS 22 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

**8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.** none  
**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)** Clay Co. Mo.

**13. NAME** Ray King

**14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)** Clinton Co. Mo.

**15. MAIDEN NAME** Mina M. Clain

**16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)** Clay Co. Mo.

**17. INFORMANT (ADDRESS)** Ray King, 1116 E. 70th St. Mo.

**18. BURIAL, CREMATION, OR REMOVAL PLACE** 2007 Oak Smithville Mo. 5/12/37

**19. UNDERTAKER (ADDRESS)** Hallins Mortuary, Edgerton Mo.

**20. FILED** May 11, 1937 M. J. Brown Registrar.

**MEDICAL CERTIFICATE OF DEATH**

**21. DATE OF DEATH (MONTH, DAY, AND YEAR)** 5-11-37

**22. I HEREBY CERTIFY, That I attended deceased from** 2-25-37, 19\_\_\_\_, to 5-11-37, 19\_\_\_\_

I last saw him alive on 5-11-37, 19\_\_\_\_. Death is said to have occurred on the date stated above, at 8:07 a.m.  
 The principal cause of death and related causes of importance were as follows:

Congenital Megalo Colon Date of onset \_\_\_\_\_  
Peritonitis 5-9-37  
Hypostatic Broncho Pneumonia 5-10-37  
 Other contributory causes of importance: 157D

Name of operation Resection Colon Date of 5-9-37

What test confirmed diagnosis X-ray 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?** no

If so, specify \_\_\_\_\_ (Signed) J. O. Emri, M. D.

(Address) 806 Prof Bldg K.C. Mo.

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.

