

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

Do not use this space.

30442

1. PLACE OF DEATH

County Lain Registration District No. 198 File No. 111
 Township Excelsior Primary Registration District No. 3011 Registered No. _____
 City Excelsior Springs St. _____ Ward) _____

2. FULL NAME

(a) Residence, No. Miller St. _____ Ward. Lawson, Mo.
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 17 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 Bonnie Crowley King

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 10 - 1894

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
42 9 6

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

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) Ray, Mo

FATHER 13. NAME John King

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ray, Mo

MOTHER 15. MAIDEN NAME Buster

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ray, Mo

17. INFORMANT (ADDRESS) Mrs Bonnie King
Excelsior Springs, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Lawson, Mo. DATE Aug 18 1937

19. UNDERTAKER (ADDRESS) Clayde Prichard
Excelsior Springs, Mo.

20. FILED Aug 18 1937 Howard M. Chacker Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 16th 1937

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.

I last saw him alive on Nov, 19____. Death is said to have occurred on the date stated above, at 7 A m.

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

by shooting himself through the head with a .38 caliber Remm
Lucide Date of onset _____

Other contributory causes of importance: no

Name of operation none Date of _____

What test confirmed diagnosis? Serum Saly. Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? suicide Date of injury 8-16, 1937

Where did injury occur? at his home Excelsior Springs, Mo (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Home

Manner of injury Shooting Self-
 Nature of injury Shooting with .38 Remm

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify _____

(Signed) N. L. Myerson Coroner M. D.
 (Address) Liberty, Clay County, Missouri

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.

RECORD

