

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.

REC'D AUG 22 1938

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

Do not use this space.

24902

1. PLACE OF DEATH

County Callaway
Township McCredie
City _____ (No. _____) St. _____ Ward _____

Registration District No. 104
Primary Registration District No. 5151

File No. _____
Registered No. 195

2. FULL NAME

Nathan King 5211
(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>Negro</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>Stella</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>— — 1890</u>		
7. AGE	YEARS <u>48</u>	MONTHS <u>—</u>
	DAYS <u>—</u>	If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>	
	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 <u>0</u>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>		
FATHER	13. NAME <u>John Ed King</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>	
	15. MAIDEN NAME <u>Charlotte Holt</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>	
17. INFORMANT (ADDRESS) <u>Mrs. Stella King McCredie, Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>New Richmond, Mo. 8-8-38</u>		
19. UNDERTAKER (ADDRESS) <u>E. L. Bell Fulton, Mo.</u>		
20. FILED <u>Aug 8, 1938</u> <u>R. N. Crew</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 6 - 1938

22. I HEREBY CERTIFY, That I attended deceased from July 1937 to Death, 1938.
I last saw him alive on July 5, 1938. Death is said to have occurred on the date stated above, at 6:57 a.m.
The principal cause of death and related causes of importance were as follows:
Heart Failure Decompensation July 1
24

Other contributory causes of importance:
Aortic Insufficiency
Syphilis

Name of operation none Date of _____
What test confirmed diagnosis? was none 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) John J. Brown, M. D.
Fulton, Mo. (Address)

