

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

Do not use this space.

REC'D AUG 24 1938

1. PLACE OF DEATH

County Howard

Registration District No. 380

File No. 25473

Township Franklin

Primary Registration District No. 5530

Registered No. 16

City (No. _____) _____

St. _____ Ward _____

2. FULL NAME Robert Taylor Kingsbury 521

(a) Residence, No. New Franklin, Mo. R.F.D. Ward _____
 (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. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR, OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs Alice Virginia Smith

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 25-1848

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
89 11 8

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

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) 1935

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Howard Co. Mo.

13. NAME Grace Kingsbury

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) North Carolina

15. MAIDEN NAME Ma Bessie Chandler

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

17. INFORMANT R. T. Kingsbury
 (ADDRESS) New Franklin, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Clark Chapel DATE 7/5/38

19. UNDERTAKER C. S. Reardon
 (ADDRESS) New Franklin, Mo.

20. FILED July 5 1938 J. A. Chamberlain Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 3/38 1938

22. I HEREBY CERTIFY That I attended deceased from Sept 15 1937 to July 2 1938

I last saw him alive on July 2 1938. Death is said to have occurred on the date stated above, at 9:30 a.m.

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

myocarditis Date of onset 1936

Other contributory causes of importance:
senility
Cyclorhepitis Sept 1937

Name of operation none Date of _____
 What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? no 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. A. Chamberlain M. D.
341 (Address) New Franklin 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.

