

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 MAR 15 1939

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

5745  
Do not use this space.

1. PLACE OF DEATH  
(a) County Andrew Registration District No. 13  
(b) Township \_\_\_\_\_ Primary Registration District No. 4000 Registered No. \_\_\_\_\_  
(c) City Savannah (d) Street No. \_\_\_\_\_ (If death occurred in Hospital or Institution, write its name instead of street and number) St. \_\_\_\_\_  
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Duff G. King  
(a) Residence, No. Savannah Mo. St.  (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) October 7 1851

7. AGE YEARS 87 MONTHS 4 DAYS 20 IF LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

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

9. Industry or business in which work was done, as saw mill, bank, etc. Common Laborer

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) Un Known Kentucky

FATHER 13. NAME Joseph King

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Un Known UN Known

MOTHER 15. MAIDEN NAME Caroline Bowman

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Un Known Un Known

17. INFORMANT (ADDRESS) Mrs. Joseph Martin Savannah Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Savannah DATE March 1 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) E. C. Breit Savannah Mo.

20. FILED 2-28 1939 Mrs. A. R. King Local Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) February 27 1939

22. I HEREBY CERTIFY, That I attended deceased from Dec 31 1938 to Feb 27 1939  
I last saw him alive on Feb 27 1939. Death is said to have occurred on the date stated above, at 5/30 p.m.  
The principal cause of death and related causes of importance were as follows:  
Chronic Myocarditis Date of onset 1936  
Chronic Prostatitis 1927

Other contributory causes of importance:  
Chronic Prostatitis 1927

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) Clifford L. Steidley M. D. Savannah  
(Address) \_\_\_\_\_

RECEIVED

DISTRICT OFFICER No. 11;

District File Number 38-22

Date Filed 3-8-39

MAY 21 1939

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

E. C. Breit, or by

Registered Apprentice No. \_\_\_\_\_, working under my personal supervision.

Signed E. C. Breit

Licensed Embalmer No. 2650

P. O. Address Savannah Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.