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.

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

Do not use this space.

32975

1. PLACE OF DEATH — OCT 13 1939

County: Marion — Registration District No.: 548.

Township: Liberty — Primary Registration District No.: 5740.

City: ..... (No. ....., ... St. ..... Ward)

File No. .....

Registered No. 53.

2. FULL NAME: 520 Thomas W. King

(a) Residence, No. County Hospital St., ... Ward. (If nonresident, give city or town and State)
(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.

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~~ Jennie Taylor King

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Aug. 27 - 1853

7. AGE: YEARS 86 — MONTHS — DAYS 23 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Missouri

FATHER

13. NAME: Thomas King

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Missouri

MOTHER

15. MAIDEN NAME: Sarah McWilliams

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Missouri

17. INFORMANT (ADDRESS): Mrs. Roy Ellis, Mt. Zion Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Mt. Zion Cemetery DATE: 9-21, 1939

19. UNDERTAKER (ADDRESS): E. J. Sprague, Palmyra Mo

20. FILED: Sept. 21 - 1939. Gertrude Lee, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 9-19, 1939

22. I HEREBY CERTIFY, That I attended deceased from 9-17, 1939, to 9-19, 1939

I last saw him alive on 9-17, 1939. Death is said to have occurred on the date stated above, at 8-P. m.

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

Bronchial Pneumonia — Date of onset: 6 days

Other contributory causes of importance: None

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) [signature], M. D.

(Address) Palmyra Mo