

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.

FILED JAN 4 1944

42830

**1. PLACE OF DEATH**

County McDonald  
Township Prairie  
City Southwest City, Mo. No. #1

Registration District No. 315-191  
Primary Registration District No. 5687-117

File No. 66  
Registered No. 1  
St. Mo. Ward 1

**2. FULL NAME**

Edward E King

(a) Residence, No. 1 St. Mo. Ward 1  
(Usual place of abode)  
Length of residence in city or town where death occurred 4 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) November 29th 1858

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, .....hrs. or .....min.
	<u>79</u>	<u>2</u>		

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. Farming  
10. Date deceased last worked at this occupation (month and year) 2 weeks 11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Orange/Massachusetts

MOTHER FATHER  
13. NAME Not Known

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Orange Massachusetts

15. MAIDEN NAME Not Known

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

17. INFORMANT R. L. Moss  
(ADDRESS) Southwest City Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Saratoga Cemetery Jan 29th 1938

19. UNDERTAKER Nichols Brothers  
(ADDRESS) Southwest City Mo

20. FILED Jan 29th 1938 John J. Nichols (Address) Southwest City Missouri

**MEDICAL CERTIFICATE OF DEATH 1938**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 29th 1938

22. I HEREBY CERTIFY, That I attended deceased from January, 1938, to January, 1938.

I last saw him alive on January 4, 1938 Death is said to have occurred on the date stated above, at 4:30 A.M.

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

*No Physician*  
*2000*

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 John J. Nichols (Signed) John J. Nichols M. D.

(Address) Southwest City Missouri

