

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

PLACE OF DEATH

County Henry

Township _____

or Village _____

or City Clinton Mo

Registration District No. 357

File No. 899

Primary Registration District No. 378

Registered No. 4

St. 3 Ward _____

[If death occurred in a hospital or institution, give its NAME instead of street and number]

FULL NAME John Kingston

PERSONAL AND STATISTICAL PARTICULARS

SEX Male COLOR OR RACE White SINGLE MARRIED Single WIDOWED OR DIVORCED (Write the word)

DATE OF BIRTH Aug 29 1840
(Month) (Day) (Year)

AGE 73 yrs. 4 mos. 13 ds. If LESS than 1 day, ____ hrs. or ____ min.?

OCCUPATION (a) Trade, profession, or particular kind of work Fanner
(b) General nature of industry, business, or establishment in which employed (or employer) _____

BIRTHPLACE (City or town, State or foreign country) Washington Co Ill

NAME OF FATHER Daniel Kingston

BIRTHPLACE OF FATHER (City or town, State or foreign country) Washington Co Ill

MAIDEN NAME OF MOTHER Mrs Angeline Zurch

BIRTHPLACE OF MOTHER (City or town, State or foreign country) St Clair Co Ill

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) J. E. Kingston

(ADDRESS) Clinton Mo

Filed 1/2 1914 J. M. Shousland REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 11 1914
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Jan 10 1914, to Jan 10 1914, that I last saw him alive on Jan 10 1914, and that death occurred, on the date stated above, at 3 P m.

The CAUSE OF DEATH* was as follows:
Apoplexy
or Cerebral-haemorrhage

(Duration) _____ yrs. _____ mos. _____ ds.

Contributory (SECONDARY) _____ (Duration) _____ yrs. _____ mos. _____ ds.

(Signed) Daniel A. Paquet, M. D. 1/12 1914 (Address) Clinton Mo

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death _____ yrs. _____ mos. _____ ds. In the State _____ yrs. _____ mos. _____ ds.

Where was disease contracted if not at place of death? _____

Former or usual residence _____

PLACE OF BURIAL OR REMOVAL Clinton Mo DATE OF BURIAL Jan 2 1914

UNDERTAKER W. H. Smith ADDRESS Clinton Mo

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.

