

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

Do not use this space.

1. PLACE OF DEATH

County Henry  
Township Clinton  
City Clinton

Registration District No. 347  
Primary Registration District No. 3018

File No. 27548  
Registered No. 101  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

(a) Residence. No. East Jeff St. \_\_\_\_\_ 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 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 Elizabeth King

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec 19 - 1859

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ... hrs. or ... min. 78 9 29

8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work Retired (b) General nature of industry, business, or establishment in which employed (or employer) (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Scotland

10. NAME OF FATHER Hugh King

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Scotland

12. MAIDEN NAME OF MOTHER Isabell Binwood

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Scotland

14. INFORMANT (Address) Maragret King  
Clinton Mo

15. FILED Aug 26 19 29 Dr. E. C. Peelor  
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 17 19 29

17. I HEREBY CERTIFY, That I attended deceased from Aug 12 1929 to Aug 17 1929 (that I last saw deceased alive on Aug 16 1929, and that death occurred, on the date stated above, at 2:45 p.m.)

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Cerebral Hemorrhage

WPA (duration) yrs. mos. da.

CONTRIBUTORY (SECONDARY) Hypertension (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED unknown  
IF NOT AT PLACE OF DEATH:

DID AN OPERATION PRECEDE DEATH? no DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? sudden paralysis  
(Signed) Marls C. Street, M. D.  
, 19 (Address) Clinton, Mo

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Englewood Cemetery DATE OF BURIAL 8/17 19 29

20. UMBERTAKER Spore + Son ADDRESS Clinton Mo

42  
4  
7  
292  
8

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.

SEP 6 1957