

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

Do not use this space.

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.

MAY 22 1933

1. PLACE OF DEATH
 42 County Tenney Registration District No. 347
 4 Township Clinton mo Primary Registration District No. 3018
 7 City Clinton mo (No. _____) St. _____ (Ward) _____

2. FULL NAME Tom Wesley King
 (a) Residence, No. 507 4th 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. ds. How long in U. S., if of foreign birth? _____ yrs. mos. ds.

File No. 16352
 Registered No. 12

PERSONAL AND STATISTICAL PARTICULARS					MEDICAL CERTIFICATE OF DEATH	
3. SEX <u>M</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>wid</u>			21. DATE OF DEATH (MONTH, DAY, AND YEAR) <u>May 5 - 1933</u>	
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Anna Bella King</u>					22. <u>March</u> HEREBY CERTIFY, That I attended deceased from <u>March 1933</u> to <u>May 5 - 1933</u> . I last saw <u>him</u> alive on <u>May 5 - 1933</u> . Death is said to have occurred on the date stated above, at <u>7:00</u> a.m. The principal cause of death and related causes of importance were as follows: <u>Calcular heart disease</u> <u>92A</u> Other contributory causes of importance: <u>92A</u>	
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec 8 1854</u>					Date of onset	
7. AGE	YEARS <u>78.</u>	MONTHS <u>4</u>	DAYS <u>27</u>	If LESS than 1 day, _____ hrs. or _____ min.		
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Milling</u>					
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>floor</u>					
	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) <u>Ormes Ind</u>					Name of operation _____ Date of _____	
MOTHER FATHER	13. NAME <u>Dont know</u>				What test confirmed diagnosis? _____ Was there an autopsy? _____	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>" "</u>				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. _____	
	15. MAIDEN NAME <u>" "</u>				Manner of injury _____ Nature of injury _____	
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>" "</u>					24. Was disease or injury in any way related to occupation of deceased? _____ If so, specify _____	
17. INFORMANT <u>Mrs Carl Ward</u> (ADDRESS) <u>Clinton mo</u>					(Signed) <u>Samuel A. Pagnon</u> , M. D. (Address) <u>Clinton Mo.</u>	
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Englewood</u> DATE <u>4/7 33</u>						
19. UNDERTAKER <u>Spare & Son</u> (ADDRESS) _____						
20. FILED <u>5/6 33</u> <u>E. C. Peeler</u> Registrar.						

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