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 DEC 15 1934 MISSOURI STATE BOARD OF HEALTH  
 BUREAU OF VITAL STATISTICS  
 CERTIFICATE OF DEATH

Do not use this space.

39211

1. PLACE OF DEATH

County Lewis Registration District No. 747  
 Township E. Fields Creek Primary Registration District No. 5490  
 City Clinton (No.     ) St.      Ward     

File No.       
 Registered No. 58

2. FULL NAME

David Lafayette King  
 (a) Residence No. R.R. 1 Clinton 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.

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 OR (OR) WIFE OF Florence King

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 4 1867

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
67 8 7

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) Washington Co. Mo.

13. NAME David King

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know

15. MAIDEN NAME Anna Strawback

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know

17. INFORMANT Joe King (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE Englewood DATE 11-13 34

19. UNDERTAKER Consolidated (ADDRESS) Clinton Mo.

20. FILED 11-27 1934 J. R. Knapp Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-11, 1934

22. I HEREBY CERTIFY, That I attended deceased from 11-8, 1934, to 11-11, 1934

I last saw him alive on 11-11, 1934. Death is said to have occurred on the date stated above, at 9.4 a.m.

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

apoplexy  
apoplexy  
 Other contributory causes of importance:  
      
      
    

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? No.

If so, specify     

(Signed) W. Walker, M. D.  
 (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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

