

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

27685

1. PLACE OF DEATH

County.....
Township.....
City.....

Registration District No.....
Primary Registration District No.....

File No.....
Registered No. **8085**
St..... Ward.....

2. FULL NAME

(a) Residence. No. **Jefferson Hotel** St. **5**
(Usual place of abode)
Length of residence in city or town where death occurred **of or on for 20 years** yrs. mos. da.

Ward. **Corpus Christi Park**
(If resident give city or town and State)
How long in U.S., if of foreign birth? **20** yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Male** 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 Pearl Ashbrook King**

6. DATE OF BIRTH (MONTH, DAY AND YEAR) **July 15 - 1860**

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
62 **2**

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work **Rancher - Cattle**
(b) General nature of industry, business, or establishment in which employed (or employer) **Cattle Raiser**
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) **Brownsville**
(STATE OR COUNTRY) **Texas**

10. NAME OF FATHER **Richard King**

11. BIRTHPLACE OF FATHER (CITY OR TOWN) **Orange county**
(STATE OR COUNTRY) **New York**

12. MAIDEN NAME OF MOTHER **Hennett Chamberlain**

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) **Bonville**
(STATE OR COUNTRY) **mo**

14. INFORMANT (Address) **O J. Stacey ind. Humboldt Bldg.**

15. FILED **SEP 31 1922** **Max B. Starceoff** REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) **Sept. 27 - 1922**

17. I HEREBY CERTIFY That I attended deceased from **Sept 1st 1922** to **Sept 27th 1922** that I last saw him alive on **Sept 21st 1922**, and that death occurred, on the date stated above, **10:30 a.m.**

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Angina Pectoris.
94A

CONTRIBUTORY (SECONDARY) **Arteriosclerotic** (duration) **1** yrs. **1** mos. **0** da.

18. WHERE WAS DISEASE CONTRACTED **Chronic**
IF NOT AT PLACE OF DEATH

9 DID AN OPERATION PRECEDE DEATH? **None** DATE OF

19. WHAT TEST CONFIRMED DIAGNOSIS? **Genl Pressure and Symp**

(Signed) **J. J. Stacey** M. D.

Sept 27 1922 (Address) **Humboldt Bldg.**

*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. (See reverse side for additional space.)

19. PLACE OF BURIAL, CREMATION, OR REMOVAL **Bellefontaine** DATE OF BURIAL **9/30 1922**

20. UNDERTAKER **Magane** ADDRESS **3631 Olive**

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.