

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

Do not use this space.

24269

1. PLACE OF DEATH

County *Jackson*
Township *Franklin*
City *Franklin City, Mo.*

Registration District No. *1009*

File No.

Sanitary Registration District No.

Registered No. *3033*
Ward *HOSP*

2. FULL NAME

(a) Residence No. *James King*
(Usual place of abode) *Platte City - Mo.* Ward.

(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

Col

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

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

Apr. 16, 1870

7. AGE

YEARS MONTHS DAYS
57 3 17

If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work *Comm. laborer.*
(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) *Missouri*

10. NAME OF FATHER

Wm King

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY) *unknown*

12. MAIDEN NAME OF MOTHER

Eliza Wm

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY) *unknown*

14.

INFORMANT *Fred King*
(Address) *Platte City Mo.*

15.

FILED *8/4 27* M. M. Herrow
REGISTRAR *asst*

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR)

8-3-27

17. I HEREBY CERTIFY That I attended deceased from 19... to 19...

that I last saw h..... alive on....., 19....., and that death occurred, on the date stated above, at..... m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Homicide - Firearms

CONTRIBUTORY (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

19. DID AN OPERATION PRECEDE DEATH..... DATE OF.....

20. WAS THERE AN AUTOPSY? *yes*

WHAT TEST CONFIRMED DIAGNOSIS.....

(Signed) *Deputy Coroner* M. D.

(Address) *Deputy Coroner*

*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

Platte City Mo

DATE OF BURIAL

8/4 1927

20. UNDERTAKER

Natkins Bros

ADDRESS

1729 Ryden

N. R.—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.

DEPARTMENT RECORD

