

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

Do not use this space.

9613

1. PLACE OF DEATH

County Buchanan
Township _____
City St. Joseph (No. _____)

85

Registration District No. _____
Primary Registration District No. 1001

File No. _____
Registered No. 318
St. _____ Ward _____

2. FULL NAME Le Roy Dorel Key

(a) Residence No. 6309 Brown St. St. _____ Ward _____
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 5, 1928

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	0	10	2	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work At Home
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) St. Joseph
(STATE OR COUNTRY) Missouri

10. NAME OF FATHER Wm J. Key
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Betheny
(STATE OR COUNTRY) Mo.
12. MAIDEN NAME OF MOTHER Lottie Dorel
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Betheny
(STATE OR COUNTRY) Mo.

14. INFORMANT Wm. J. Key
(Address) 6309 Brown St.

15. FILED _____ 19 1929
John B. Key REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 7 19 29

17. I HEREBY CERTIFY, That I attended deceased from 3/3 1929 to 3/6 1929
that I last saw him alive on 3/5 1929, and that death occurred, on the date stated above, at 4:15 A.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Bronchopneumonia
12963
(duration) yrs. mos. 5 ds.

CONTRIBUTORY (SECONDARY) measles
(duration) yrs. mos. 8 ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH _____

19. DID AN OPERATION PRECEDE DEATH? no (DATE OF _____)

20. WAS THERE AN AUTOPSY? no
WHAT TESTS CONFIRMED DIAGNOSIS? Clinical
(Signed) Chas. J. ... M.D.
3/7, 1929 (Address) 10412 W. ...

*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 Betheny Mo. DATE OF BURIAL March 8 19 29

20. UNDERTAKER Fred A. Clark ADDRESS King Hill, 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.

MAILED 7 19 1929

