

APR 30 1930

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

Do not use this space.

9779

1. PLACE OF DEATH

County Pettis Registration District No. 664
Township Wren Ridge Primary Registration District No. 5882
City (No.) St. Ward)

File No.

Registered No. 51

St. Ward)

2. FULL NAME Elisabeth Key

(a) Residence. No. 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

 MEDICAL CERTIFICATE OF DEATH

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed

16. DATE OF DEATH (MONTH, DAY AND YEAR) March : 15-30 1930

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

17. I HEREBY CERTIFY, That I attended deceased from Nov 30, 1930, to Mar 15, 1930.
that I last saw him alive on Nov 15, 1930, and that death occurred, on the date stated above, at 10:30 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Influenza, Bronchitis

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 16--1848

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
81 9 29

CONTRIBUTORY (SECONDARY) 118 107P (duration) yrs. mos. ds.

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

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

9. BIRTHPLACE (CITY OR TOWN) Tenn.
(STATE OR COUNTRY)

DID AN OPERATION PRECEDE DEATH? no DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) H. H. H. H., M. D.3/16 1930 (Address) Windsor Mo

*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.

10. NAME OF FATHER George Moody

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Tenn
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Mary Godwin

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Tenn
(STATE OR COUNTRY)

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

Windsor Mo.Mar 18 30

20. UNDERTAKER

ADDRESS

Hester Samuel Chaff WINDSOR

14. INFORMANT Letha Poulter
(Address) Windsor Mo

15. FILED Mar 19 1930 G. R. Shelley
REGISTRAR

CAUSE OF DEATH IN plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Signature of
John P. Smith
John P. Smith