

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

Do not use this space.

8760

1. PLACE OF DEATH

County Boone Co
Township _____
City Columbia (No. _____)

Registration District No. 73
Primary Registration District No. 3066

File No. _____
Registered No. 417
St. _____ Ward) _____

2. FULL NAME

Margaret Ella Key
(a) Residence. No. 2103 Park Ave 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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE colored 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) infant

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 22, 1930

7. AGE YEARS MONTHS Days 8 11
If LESS than 1 day, _____ hrs. or _____ min.

8. OCCUPATION OF DECEASED
(a) Trade, profession; or particular kind of work. infant
(b) General nature of industry, business, or establishment in which employed (or employer). _____
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Boone Co Mo
(STATE OR COUNTRY)

10. NAME OF FATHER Frank Key
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Boone Co Mo
12. MAIDEN NAME OF MOTHER Faye Canton
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Boone Co Mo

14. INFORMANT Faye Canton
(Address) Columbia, Mo

15. FILED 3/31/31 F. C. Suggitt
by Selby REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 3-2 1931

17. I HEREBY CERTIFY, That I attended deceased from 2/27/31 19____, to 3/2/31 19____, that I last saw him alive on _____ 19____, and that death occurred, on the date stated above, at 4 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Bron. Pneumonia
107R
(duration) _____ yrs. mos. 3 ds.

CONTRIBUTORY (SECONDARY) 107R
(duration) _____ yrs. mos. _____ ds.

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

8 DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____
WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS _____
(Signed) F. C. Suggitt M. D.
, 19____ (Address) Columbia 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.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Calvary Cemetery DATE OF BURIAL 3-3 1931

20. UNDERTAKER A. L. Freeman ADDRESS Columbia 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

MAR 21 1931

