

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

Do not use this space.

38672

1. PLACE OF DEATH

13 County Caldwell
Township Mirabile
City _____ (No. _____)

Registration District No. 101
Primary Registration District No. 5749

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

2. FULL NAME

Raymond Theodore J. Kee

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

Length of residence in city or town where death occurred - yrs. 9 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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec. 17, 1905</u>		
7. AGE YEARS <u>27</u> MONTHS <u>0</u> DAYS <u>10</u> If LESS than 1 day, _____ hrs. or _____ min.		
8. Trade, profession, or particular kind of work done, as splanner, sawyer, bookkeeper, etc. <u>Farmer</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		
10. Date deceased last worked at this occupation (month and year) <u>Dec. 27, 1932</u>		
11. Total time (years) spent in this occupation <u>27 yrs.</u>		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Des Moines, Iowa</u>		
13. NAME <u>Joshua M. Kee</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Des Moines, Iowa</u>		
15. MAIDEN NAME <u>Clinda A. Charlton</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Des Moines, Iowa</u>		
17. INFORMANT (ADDRESS) <u>Josephine Kee</u> <u>Cameron Ave.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Mirabile Burial Dec. 29, 1932</u>		
19. UNDERTAKER (ADDRESS) <u>H. F. Dakwell</u> <u>Rieder Ave.</u>		
20. FILED <u>Dec. 31, 1932</u> <u>Miss J. V. Ballinger</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 27, 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec. 14, 1932, to Dec. 27, 1932
I last saw him alive on Dec. 27, 1932. Death is said to have occurred on the date stated above, at 7:30 p.m.
The principal cause of death and related causes of importance were as follows:
Ulcers of stomach
117A
117A
Other contributory causes of importance:
(3)

Name of operation _____ Date of _____
What test confirmed diagnosis? X-ray Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
accident, suicide, or homicide? _____ Date of injury _____, 19____
Where did injury occur? _____
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____
(Signed) O. Hampton D. O.
(Address) Cameron 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.

JAN 22 1933

