

JUN 6 1936

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

Do not use this space.

29896-4

1. PLACE OF DEATH

County Jefferson
Township Waller
City (No. _____) _____

Registration District No. 420
Primary Registration District No. 5374

File No. 173
Registered No. _____
St. _____ Ward _____

2. FULL NAME

Angeline Kay
Rt 2 #2

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

Length of residence in city or town where death occurred 27 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 30 1854

7. AGE YEARS 80 MONTHS 9 DAYS 1 IF LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

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) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Vinland Mo.

13. NAME Geo. Perkins

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unk. Virginia

15. MAIDEN NAME Susan Vinland

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unk. Virginia

17. INFORMANT (ADDRESS) John Kay Rt 2 #2 Debate

18. BURIAL, CREMATION, OR REMOVAL PLACE Rockland Cemetery DATE Sept 3 1935

19. UNDERTAKER (ADDRESS) Donnell B. Stetich Debate Mo.

20. FILED 4-1 1935 H. H. Harris Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 1, 1935

22. I HEREBY CERTIFY, That I attended deceased from Aug 31, 1935, to Sept 1, 1935. I last saw him alive on Aug 1, 1935. Death is said to have occurred on the date stated above, at 1:42 p.m. The principal cause of death and related causes of importance were as follows: chronic nephritis

Other contributory causes of importance: 15

Name of operation none Date of _____
What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external cause (violence), fill in also the following: Accident, suicide, or homicide? no 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? no

If so, specify _____

(Signed) David Ford, M. D.

(Address) Debate Mo.

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

