WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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 16 1936

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

Do not use this space.

40003

1. PLACE OF DEATH

49 County Jasper — Registration District No. 417 — File No.

Township — Primary Registration District No. 3021 — Registered No. 96

11 City Webb City (No. , St. Ward)

7 2. FULL NAME George A. Kay

(a) Residence, No. Jane Chenoweth Hospital 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

3. SEX: Male
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: Mary E. Kay

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Nov 25 1890

7. AGE: 10 — YEARS: 45 — MONTHS: 1 — DAYS: 1 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Track Foreman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Mo. Pacific RRC
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): Missouri

FATHER

13. NAME: Henry W. Kay
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Georgia

MOTHER

15. MAIDEN NAME: Amanda Campbell
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Alabama

17. INFORMANT (ADDRESS): Mrs. Mary E. Kay, Webb City, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE: Carterville Cem. DATE: Dec 27 1935

19. UNDERTAKER (ADDRESS): Webb City Undertaking Co., Webb City, Mo.

20. FILED: 12-26 1935 J. L. Craig, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Dec 26, 1935

22. I HEREBY CERTIFY, That I attended deceased from 12-25, 1935, to 12-26, 1935

I last saw her alive on 12-25, 1935. Death is said to have occurred on the date stated above, at 2:05 a.m.

The principal cause of death and related causes of importance were as follows:

Angina Pectoris — Date of onset

Other contributory causes of importance:

Arteriosclerosis

Name of operation — Date of

What test confirmed diagnosis? — 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) B. A. Dunbar, M. D.

(Address) Webb City, Mo.