

FEB 29 1936

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

Do not use this space.

1724

## 1. PLACE OF DEATH

County JasperRegistration District No. 408Township CarthagePrimary Registration District No. 3020City Carthage (No. 429, Walnut)

File No. \_\_\_\_\_

Registered No. \_\_\_\_\_

St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Kenneth James Markey(a) Residence, No. 429 Walnut St., \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 0 yrs. 0 mos. 0 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## 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>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>✓</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan 29-1936</u>		
7. AGE	YEARS <u>0</u>	MONTHS <u>0</u>
	DAYS <u>0</u>	If LESS than 1 day, <u>2</u> hrs. or <u>0</u> min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>✓</u>	11. Total time (years) spent in this occupation <u>1</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>1</u>	
	10. Date deceased last worked at this occupation (month and year) _____	

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Carthage Mo.MOTHER FATHER 13. NAME Ralph Markey14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Springfield Mo.15. MAIDEN NAME Alberta Olson16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Carthage Mo.17. INFORMANT Ralph Markey  
(ADDRESS) Carthage Mo.18. BURIAL, CREMATION, OR REMOVAL  
PLACE East Hill DATE 1-30, 193619. UNDERTAKER Ulmer  
(ADDRESS) Carthage Mo.20. FILED Jan 30, 1936 E. B. Clinton  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 29, 193622. I HEREBY CERTIFY That I attended deceased from Jan 29, 1936 to Jan 29, 1936  
I last saw him alive on Jan 29, 1936 Death is said to have occurred on the date stated above, at 11:19 a.m.  
The principal cause of death and related causes of importance were as follows:Fetal atelectasisDate of onset  
Jan 29  
1936Other contributory causes of importance:  
noneName of operation none Date of \_\_\_\_\_  
What test confirmed diagnosis? none Was there an autopsy? no23. If death was due to external causes (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) A. D. LaFarge, M. D.  
(Address) Carthage Mo

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.

