

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.

FEB 19 1936

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

Do not use this space.

1922
2

1. PLACE OF DEATH

County Lafayette Registration District No. 461
Township Livingston Primary Registration District No. 3024
City Livingston (No. _____) St. _____ Ward _____

File No. _____
Registered No. _____

2. FULL NAME

Susan E. Key
(a) Residence, No. _____ St. _____ 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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Fe</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Wm H. Key</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Mar 30, 1868</u>		
7. AGE	YEARS <u>67</u>	MONTHS <u>9</u>
	DAYS <u>11</u>	IF LESS than 1 day,hrs. ormin.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>at home.</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)	
	11. Total time (years) spent in this occupation	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Carroll, Co. Mo.</u>		
FATHER	13. NAME <u>John Puckett</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Kentucky</u>	
MOTHER	15. MAIDEN NAME <u>Montigine Mc. Collins</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Carroll, Co. Mo.</u>	
17. INFORMANT (ADDRESS) <u>Wm H. Key Livingston, Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Lower Mo. DATE <u>Jan 12, 1936</u></u>		
19. UNDERTAKER (ADDRESS) <u>Winkler Livingston Mo.</u>		
20. FILED <u>Jan 12, 1936</u> <u>Faye Brill Bero</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 11, 1936

22. I HEREBY CERTIFY, that I attended deceased from Jan 3, 1936, to Jan 11, 1936
I last saw her alive on Jan 6, 1936 Death is said to have occurred on the date stated above, at 9:45 A.M.
The principal cause of death and related causes of importance were as follows:
Arterio-sclerosis and dilatation of heart. Date of onset _____

Other contributory causes of importance _____

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? No.
If so, specify _____
(Signed) J. J. Cope, M. D.
(Address) Livingston Mo.

