

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 26 1936

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

Do not use this space.

## 1. PLACE OF DEATH

County Carrroll Registration District No. 139  
Township: St. Hammond Primary Registration District No. 4079  
City: TINA, Mo. (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. 4981  
Registered No. 23

## 2. FULL NAME

William Hardy Key  
(a) Residence, No. \_\_\_\_\_ 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 <u>M</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>March 15, 1836</u>				
7. AGE	YEARS <u>99</u>	MONTHS <u>10</u>	DAYS <u>13</u>	If LESS than 1 day, .....hrs. or .....min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Retired 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) ..... 11. Total time (years) spent in this occupation.....			

12. BIRTHPLACE (CITY OR TOWN) Shelby County, Tenn.  
(STATE OR COUNTRY)

MOTHER FATHER  
13. NAME Dempsey Key  
14. BIRTHPLACE (CITY OR TOWN) don't know  
(STATE OR COUNTRY)

MOTHER  
15. MAIDEN NAME Mary Isom  
16. BIRTHPLACE (CITY OR TOWN) don't know  
(STATE OR COUNTRY)

17. INFORMANT James A Key  
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Caloma DATE 2/5 1936

19. UNDERTAKER Clifford W. Justice  
(ADDRESS) Tina, Mo.

20. FILED Feb 4 1936 Mrs. Sallie Perry  
Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 3 1936  
22. I HEREBY CERTIFY, That I attended deceased from Nov. 27 1935, to Feb 3 1936,  
I last saw h. i. m. alive on Feb 3 1936 Death is said to have occurred on the date stated above, at 11 P. m.  
The principal cause of death and related causes of importance were as follows:

Senility  
Organic Heart Lesions  
Date of onset

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) John H. Robinson M. D.  
(Address) Tina, Mo.

