

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.

Do not use this space.

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

24920

1. PLACE OF DEATH
County Saint Louis Registration District No. 1123
Township Carondelet Primary Registration District No. 6248B
City Jefferson Barracks (No. Veterans Hospital) St. _____ Ward _____

2. FULL NAME James KAY
(a) Residence, No. 8764 St. Charles Rook Road St. St. Louis County, Missouri.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred Unkn. yrs. Unkn. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

File No. 24920
Registered No. 265

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>August 19, 1894</u>		
7. AGE	YEARS	MONTHS
	<u>42</u>	<u>10</u>
		<u>8</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Plumber</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Unknown</u>		
10. Date deceased last worked at this occupation (month and year) <u>?</u>		
11. Total time (years) spent in this occupation <u>?</u>		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Saint Louis Missouri.</u>		
13. NAME <u>Andrew Kay</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown Canada</u>		
15. MAIDEN NAME <u>Margaret Coyle</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown Missouri</u>		
17. INFORMANT (ADDRESS) <u>Clinical Clerk M. G. Schuller VAF Jefferson Barracks, Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL <u>Jefferson Barracks July 2nd 1937</u>		
19. UNDERTAKER (ADDRESS) <u>Drehmann Hall 1905 Union Blvd.</u>		
20. FILED <u>July 22 1937</u> <u>G. Mowry</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 27, 1937

22. I HEREBY CERTIFY, That I attended deceased from June 22, 1937 to June 27, 1937. I last saw him alive on June 27, 1937. Death is said to have occurred on the date stated above, at 11:45 m. P.M.. The principal cause of death and related causes of importance were as follows:

TUBERCULOSIS, Pulmonary, chronic, active, Far-advanced (C)

Other contributory causes of importance: None

Name of operation None Date of NO
By Clinical interpretations 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 Chloroform
(Signed) C. W. HUGHES, Chief Med. Off., M. D.
(Address) VAF Jefferson Barracks, Mo.

Date of onset

Unkn.

Unkn.

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