

AUG 20 1937

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

Do not use this space.

26980

1. PLACE OF DEATH

County

Clark

Registration District No.

190

Township

Tahoka

Primary Registration District No.

4113

City

(No.)

St.

Ward)

2. FULL NAME

Clarence Eugene Kay

(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

Male

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

July 25-1936

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

11

28

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

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)

Tahoka Mo.

MOTHER

13. NAME

Byrl Kay

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Tahoka Mo.

15. MAIDEN NAME

Margaret Speak

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Iowa.

17. INFORMANT (ADDRESS)

Ms. Byrl Kay Tahoka Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Tahoka Co.

DATE

July 25, 1937

19. UNDERTAKER (ADDRESS)

Cutting's Undertakers Tahoka Mo.

20. FILED

July 25, 1937 J. B. Bridgier

Registrar.

MEDICAL CERTIFICATE OF DEATH

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

July 28, 1937

22. I HEREBY CERTIFY, That I attended deceased from

Accidental hanging by slipping off the bed next to the wall

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

was caused by hanging his self on an iron bed slipping off a bed post caught in the iron bed strap! Him to death

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? Accident

Where did injury occur? At set his home

(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 Strangulation

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) F. A. S. Rebo (Coroner)

(Address) Alexandria Mo

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.

