

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

Do not use this space.

OCT 20 1937 2

**1. PLACE OF DEATH**

County Holt Registration District No. 373  
Township Levan Primary Registration District No. 4219  
City Oregon (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. 34355  
Registered No. 18

**2. FULL NAME**

Perry Edgar Kee

(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)

Length of residence in city or town where death occurred 24 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 16, 1884

| AGE       | YEARS    | MONTHS    | DAYS | If LESS than 1 day, hrs. or min. |
|-----------|----------|-----------|------|----------------------------------|
| <u>52</u> | <u>9</u> | <u>27</u> |      |                                  |

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

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) Sept 13, 1937 11. Total time (years) spent in this occupation years

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Holt County Missouri

13. NAME William Kee

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

15. MAIDEN NAME Augusta Borchers

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

17. INFORMANT Sherman Kee (ADDRESS) Oregon Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Oregon Mo. DATE Sept 15 1937

19. UNDERTAKER Leota Pettigold (ADDRESS) Oregon Mo.

20. FILED 7-18-37 B. B. Chandler Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 13 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept 13 1937 to Sept 13 1937

I last saw him alive on Sept 13 1937. Death is said to have occurred on the date stated above, at 6 P. m.

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

Coronary Occlusion Date of onset 9/13/37

Other contributory causes of importance: none

Name of operation none Date of \_\_\_\_\_

What test confirmed diagnosis: clinical Was there an autopsy? no

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 no injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify \_\_\_\_\_ (Signed) E. F. [Signature], M. D. (Address) Oregon 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.

