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.

REC'D MAR 17 1938

2/1

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

Do not use this space.

6940

1. PLACE OF DEATH

County Iron — Registration District No. 391 — File No.

47 Township arcadia — Primary Registration District No. 4230 — Registered No. 8

2 City Ironton (No. , St. Ward)

2. FULL NAME Edward Lee Key 000

(a) Residence, No. St., Ward. Caledonia Mo.
(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) March 18, 1934

7. AGE

| YEARS | MONTHS | DAYS | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 3 | 10 | 13 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none
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) Iron Mountain Mo 0

FATHER

13. NAME Landon Key 0
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo. 0

MOTHER

15. MAIDEN NAME Lillie Vest
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Belgrade Mo.

17. INFORMANT (ADDRESS) Landon Key Potosi Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Caledonia Mo. DATE Feb. 2 1938

19. UNDERTAKER (ADDRESS) Norman White & Sons Ironton Mo.

20. FILED Feb 5 1938 R. A. Rasche Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 1 1938

22. I HEREBY CERTIFY, That I attended deceased from 1-30, 1938, to 2-1, 1938

I last saw him alive on 2-1, 1938 Death is said to have occurred on the date stated above, at 3 P. m.

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

| | Date of onset |
|---|---|
| Diphtheria | |
| 10 | |

Other contributory causes of importance:

Name of operation Tracheotomy Date of 1-30-38

What test confirmed diagnosis Culture 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

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

If so, specify

(Signed) [signature], M. D.

353 (Address) Ironton Mo.