

REC'D APR 19 1938

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

Do not use this space.

10912

1. PLACE OF DEATH
44 County Holt Registration District No. 369
2 Township Union Primary Registration District No. 4215
0 City Craig (No. St. Ward)

2. FULL NAME Mr. Lewis Albert Kee 000
(a) Residence, No. St. Ward. (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. 5 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

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>widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Mrs. Mary Lane Kee</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan. 9, 1871</u>		
7. AGE YEARS <u>67</u>	MONTHS <u>2</u>	DAYS <u>4</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>		If LESS than 1 day, hrs. or min.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>On Farm</u>		11. Total time (years) spent in this occupation <u>about 35 yrs.</u>
10. Date deceased last worked at this occupation (month and year) <u>about 12 yrs.</u>		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Biglow, Mo.</u>		
13. NAME <u>Mr. William Kee</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ireland</u>		
15. MAIDEN NAME <u>Augusta Borchers</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>		
17. INFORMANT <u>Mrs. Gladys Meeslin</u> (ADDRESS) <u>Craig, Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Biglow, Mo.</u> DATE <u>3/16</u> 19 <u>38</u>		
19. UNDERTAKER <u>Schooler Bros.</u> (ADDRESS) <u>Craig, Mo.</u>		
20. FILED <u>Mar 15 1938</u> <u>Dinta Anderson</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/13 1938

22. I HEREBY CERTIFY, That I attended deceased from, 19....., to, 19.....

I last saw h..... alive on, 19..... Death is said to have occurred on the date stated above, at.....m.

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

Coronary Artery
Dilatation

Other contributory causes of importance: 6/4/10'

Name of operation..... Date of.....

What test confirmed diagnosis? Histology Was there an autopsy? yes

22. 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) D. C. Perry, Coroner, M. D.
(Address) Mo. City, 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.

