

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.

AUG 4 1938

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

Do not use this space.

25270

1. PLACE OF DEATH  
 County Franklin Registration District No. 294 File No. \_\_\_\_\_  
 Township Central Primary Registration District No. 5409B Registered No. \_\_\_\_\_  
 City St. Clair (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Charles H. Kee  
 (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**

**MEDICAL CERTIFICATE OF DEATH**

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 14 1938

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

22. I HEREBY CERTIFY, That I attended deceased from 7-1- 1938, to 7-14 1938

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 11, 1859

I last saw him alive on 7-7- 1938 Death is said to have occurred on the date stated above, at 11:45 a.m.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_hrs. or \_\_\_\_\_min.  
79 2

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

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

Chronic hypoxia ?  
 Date of onset \_\_\_\_\_

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 \_\_\_\_\_

Other contributory causes of importance: 31

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Franklin County, Mo.

Chronic hypoxia ?  
 Date of onset \_\_\_\_\_

FATHER 13. NAME Josh Kee

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Franklin County, Mo.

MOTHER 15. MAIDEN NAME Mary Arnold

MOTHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Franklin County, Mo.

17. INFORMANT (ADDRESS) Mrs. Mattie Kee  
St. Louis, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Grove DATE July 17, 1938

19. UNDERTAKER (ADDRESS) Wm. Casey & Co.  
St. Clair, Mo.

20. FILED July 26, 1938 W. Duckworth  
 Registrar.

Name of operation chol Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ 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) W. Duckworth, M. D.  
 (Address) St. Louis, Mo.

