

SEP 16 1938

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

28297
Do not use this space.

1. PLACE OF DEATH

(a) County Boone Registration District No. 73
(b) Township 1 Primary Registration District No. 3006 Registered No. 193
(c) City Columbia (d) Street No. _____ St. _____
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Clarence Edward Key 87.0

(a) Residence, No. 408 Lyons St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX M 4. COLOR OR RACE B 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Infant
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Infant
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 10, 1938
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 7 21
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. _____
9. Industry or business in which work was done, as saw mill, bank, etc. _____
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 28, 1938
22. I HEREBY CERTIFY, That I attended deceased from Aug 25, 1938, to Aug 28, 1938.
I last saw h. alive on Aug 28, 1938. Death is said to have occurred on the date stated above, at 9:29 a.m.
The principal cause of death and related causes of importance were as follows:

Pneumonia Date of onset F-34
1938

12. BIRTHPLACE (CITY OR TOWN) Columbia (STATE OR COUNTRY) Boone

FATHER 13. NAME Frank Key 14. BIRTHPLACE (CITY OR TOWN) Columbia (STATE OR COUNTRY) Boone

MOTHER 15. MAIDEN NAME Florence Kelly 16. BIRTHPLACE (CITY OR TOWN) Columbia (STATE OR COUNTRY) Boone

17. INFORMANT Florence Key (ADDRESS) Columbia

18. BURIAL, CREMATION, OR REMOVAL PLACE Hicks Cem DATE 9-1-38

19. FUNERAL DIRECTOR Stewart O. Ocker (ADDRESS) _____

20. FILED 9/1/38 Allie Selby Local Registrar

Other contributory causes of importance: _____
Name of operation ✓ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? u

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? _____
If so, specify all symptoms M. D. _____
(Signed) Columbia (Address) _____

CAUSE OF DEATH in plain terms, so that it may be properly classified

107K

STATEMENT BY LICENSED EMBALMER

Lynwood H. Sprinkle, Licensed Embalmer No. 4013
hereby certify that the body recorded on the reverse side of this certificate was embalmed by Crocity

..... L. E.
No. or by Registered Apprentice No.
working under my personal supervision.

Signed *Lynwood H. Sprinkle*
Licensed Embalmer No. 4013

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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1. PLACE OF DEATH

(a) County Boone Registration District No. 73
(b) Township _____ Primary Registration District No. 3006
(c) City Columbia (d) Street No. _____ St. _____
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. _____ St. (Usual place of abode, if no street address, write county or city)
(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX m 4. COLOR OR RACE B. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Inf.

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 10 1938

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
7 68

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as 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) _____

13. NAME _____

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

15. MAIDEN NAME _____

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

17. INFORMANT (ADDRESS) _____

18. BURIAL, CREMATION, OR REMOVAL PLACE _____ DATE _____ 19 _____

19. FUNERAL DIRECTOR (ADDRESS) _____

20. FILED _____ 19 _____ Loca Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 28 1938

22. I HEREBY CERTIFY, That I attended deceased from _____ 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:

Brachio pneumonia
Date of onset _____
Other contributory causes of importance: not had whooping cough previous - that falls we cough.

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? _____ 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? _____
If so, specify _____

(Signed) A. W. Karpachmidt, M. D.
(Address) Columbia, Mo

SUPPLEMENTARY

1938
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