

FILED AUG 16 1940

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

25321  
Do not use this space.

1. PLACE OF DEATH

(a) County Iron Registration District No. 391  
 (b) Township Arcadia / Primary Registration District No. 4230 Registered No. 50  
 (c) City Ironton (d) Street No. St. Mary's Hospital 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 Andrew John Kay

(a) Residence, No. Pilot Knob Mo. 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 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 Katherine Kay

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 17 1871

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, ..... hrs. or ..... min.  
68 9 11

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. mill wright  
 9. Industry or business in which work was done, as saw mill, bank, etc. steel mill  
 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) Canada

FATHER 13. NAME John Kay

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

MOTHER 15. MAIDEN NAME unknown

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

17. INFORMANT (ADDRESS) Mrs. Katherine Kay  
Pilot Knob Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Pilot Knob Mo. DATE July 29, 1940

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Norman White & Sons  
37. White Ironton Mo.

20. FILED Aug 2, 1940 Julia A. Hunter Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 28, 1940

22. I HEREBY CERTIFY, That I attended deceased from Dec. 18<sup>th</sup>, 1939, to July 28, 1940.  
 I last saw him alive on July 28, 1940 Death is said to have occurred on the date stated above, at 10:55 a.m.  
 The principal cause of death and related causes of importance were as follows:

acute Broncho Pneumonia (terminal)

Date of onset 7/28/40

Other contributory causes of importance:

acute cystitis  
chronic Broncho Asthma  
chronic nephritis  
hypertensive prototo 9?

7/18/40  
23  
12/18/39

Name of operation none Date of none  
 What test confirmed diagnosis? Physian 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 R. E. Harland, M. D.  
 (Signed) Ironton, Mo.  
 (Address) .....

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

*Arnell J. White*

Licensed Embalmer No.....

*3012*

P. O. Address.....

*Wilmington, Delaware*

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

**If this body is not embalmed, above space should be left blank.**