

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

NOV 25 1940

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

Do not use this space.

36702

1. PLACE OF DEATH

County Wright
Township Wentworth
City Hartsville, Mo. (No. 9512)

Registration District No. 906
Primary Registration District No. 6219

File No. _____
Registered No. _____
St. _____ Ward _____

2. FULL NAME

Mary Key
(a) Residence, No. Hartsville St. mo. Ward R.R. #2
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. da. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John Wesley Key

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) _____

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	<u>75</u>		<u>7</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____
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) Wright, Co. Missouri

13. NAME Robert Moore

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) don't know

15. MAIDEN NAME Louise Worthy

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) don't know

17. INFORMANT (ADDRESS) Richard Key
mans mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Mo. Amatory DATE Oct. 16

19. UNDERTAKER (ADDRESS) _____

20. FILED Oct. 31, 1940 Ella Clayton
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 14, 1940

22. I HEREBY CERTIFY, That I attended deceased from July 15, 1939 to Oct 14, 1940
I last saw him alive on July 27-30, 1939 Death is said to have occurred on the date stated above, at 120 m.

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

Mitral Insufficiency
apw

Date of onset _____

Other contributory causes of importance: Distended Colon

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) [Signature] M. D.
(Address) W. W. Wood

RECEIVED

District Health Officer No. 6,
640-2800

District File Number

Date Filed