

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

Do not use this space.

10050

1. PLACE OF DEATH
 County Franklin Registration District No. 294
 Township Central Primary Registration District No. 5409B
 City Union R.R. 2 (No. _____) St. _____ Ward _____

2. FULL NAME Dallas Ekey
 (a) Residence, No. _____ St. _____ Ward _____
 (Usual place of abode)
 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. (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*) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 18, 1852

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
85 - 6

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farm

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) Ohio
 (STATE OR COUNTRY)

13. NAME Andrew Ekey

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

15. MAIDEN NAME Jemima Barkhurst

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

17. INFORMANT John Ekey
 (ADDRESS) Kansas City, Kansas

18. BURIAL, CREMATION, OR REMOVAL PLACE Union, Mo. DATE May 26, 1937

19. UNDERTAKER Union Furniture Co.
 (ADDRESS) Union, Missouri

20. FILED June 2, 1937 W. A. Dechard
 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 24, 1937

22. I HEREBY CERTIFY, That I attended deceased from 5-10, 1937, to 5-24, 1937
 I last saw him alive on 5-18, 1937. Death is said to have occurred on the date stated above, at 3 P. m.

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

Senility

Date of onset

Other contributory causes of importance:

Arterio-sclerosis

Name of operation None Date of _____

What test confirmed diagnosis? Physica / 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) Wm. J. Henry M. D.
 (Address) Union, Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

