AUG 30 1937

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

Do not use this space.

File No. 28373
Registered No. 293

1. PLACE OF DEATH
County Saint Louis
Township [illegible]
City Jefferson Barracks (No. Veterans Hospital St. Ward)
Registration District No. 1123
Primary Registration District No. 6248 B

2. FULL NAME John MACKLEY
(a) Residence, No. (Usual place of abode) St., Ward. Flat River, Missouri (If nonresident, give city or town and State)
Length of residence in city or town where death occurred Unkn. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) February 8, 1890

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
47	5	11	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Truck Driver
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown
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) Ste. Genevieve, Missouri.

FATHER
13. NAME John Mackley
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Ohio

MOTHER
15. MAIDEN NAME May Seal
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Ohio

17. INFORMANT (ADDRESS) Clinical Clerk; M. Schilling VAF Jefferson Barracks, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Flat River, Mo. DATE July 22, 1937

19. UNDERTAKER (ADDRESS) Albert L. Koppe Inc., 429 Euclid Avenue

20. FILED July 21, 1937 G. Mowry Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 19, 1937

22. I HEREBY CERTIFY, That I attended deceased from July 14, 1937 to July 19, 1937
I last saw him alive on July 19, 1937 Death is said to have occurred on the date stated above, at 5:30 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Multiple Neuritis with Bulbar palsey.	Unkn.
1070	
Other contributory causes of importance: Broncho-pneumonia, right.	Unkn.

Name of operation None Date of
What test confirmed diagnosis? Autopsy findings; phy. laboratory Was there an autopsy? YES

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) C. H. HUGHES, Chief Med. Off. M. D.
(Address) VAF Jefferson Barracks, Mo.

N.B.—Every item of information should be carefully supplied. Exact statement of OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified.