

DEC 11 1935

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

Do not use this space.

## 1. PLACE OF DEATH

County..... Registration District No. **791**  
Township..... Primary Registration District No. **1008**  
City St. Louis (No. 520 St. Joseph, St. St. \_\_\_\_\_ Ward \_\_\_\_\_)

37291

File No. \_\_\_\_\_  
Registered No. **9231**2. FULL NAME Elizabeth Mackey(a) Residence, No. \_\_\_\_\_ St. 22 Ward \_\_\_\_\_  
(Usual place of abode)Length of residence in city or town where death occurred 20 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed.5A. IF MARRIED, WIDOWED, OR DIVORCED  
HUSBAND OF James Mackey  
(OR) WIFE OF X6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 22, 18447. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
91 1 108. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at Home

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) Middlebrook, Mo.13. NAME Jake Douglas14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri15. MAIDEN NAME Elizabeth Davis16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri17. INFORMANT Mrs. Effie Sebeau  
(ADDRESS) 1823 1/2 7th Str

18. BURIAL, CREMATION, OR REMOVAL

PLACE Bonne Terre, Mo. DATE Nov 4, 193519. UNDERTAKER A. W. McLaughlin  
(ADDRESS) 2301 Lafayette20. FILED NOV - 3 1935 J. P. Bredeck  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 2nd, 193522. I HEREBY CERTIFY, That I attended deceased from OCTOBER 30, 1935, to Nov. 2nd, 1935I last saw her alive on Oct. 30, 1935 Death is saidto have occurred on the date stated above, at 11:30 A.M.  
The principal cause of death and related causes of importance were as follows:Date of onset  
CHRONIC MYOCARDITIS + 1930  
GENERAL ARTERIO SCLEROSIS 1930Other contributory causes of importance:  
ACUTE BRONCHITIS + 930  
BRONCHO-PNEUMONIA OCT 25  
1935Name of operation X Date of XWhat test confirmed diagnosis? X Was there an autopsy? No23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 1935Where 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) Walter Egan, M. D.  
(Address) 1405 S. Barry

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.

STATE DEPARTMENT WITH EMPLOYING AGENCY—THIS IS A PERMANENT RECORD

