

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

Do not use this space.

14988

1. PLACE OF DEATH

County Jackson Registration District No. 399 File No. 1855
 Township Staw Primary Registration District No. 16012 Registered No. 1855
 City St. Louis No. Vineyard Park West (Ward)

2. FULL NAME

David Mackie
 (a) Residence, No. 450 N. 68th St., Ward. (If nonresident give city or town and State)
 Length of residence in city or town where death occurred 16 yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE wh 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov 20, 1885

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
42 | 1 | 15

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Transfer Bus
 (b) General nature of industry, business, or establishment in which employed (or employer)
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

PARENTS

10. NAME OF FATHER John A. Mackie

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Scotland

12. MAIDEN NAME OF MOTHER Mary Hair

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Scotland

14. INFORMANT Mrs. Nelle Mackie
 (Address) 450 N. 68th St.

15. FILED May 6, 1927 19 M. M. Crowe REGISTRAR
Asst

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 5 1927

17. I HEREBY CERTIFY, That I attended deceased from May 1, 1927, to May 5, 1927, that I last saw him alive on May 9 1927, and that death occurred, on the date stated above, at 9:50 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Hyperthyroidism (Exophthalmic Goiter)
600 (duration) 1 yrs. mos. da.
 CONTRIBUTORY Myocarditis, Chronic
 (SECONDARY) (duration) 6 yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH..... DATE OF May 2-27

WAS THERE AN AUTOPSY.....

WHAT TEST CONFIRMED DIAGNOSIS.....

(Signed) J. S. Sheldon, M. D.

8-6, 1927 (Address) 604 Commerce St.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, OR HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Mt. Moriah DATE OF BURIAL May 7 1927

20. UNDERTAKER A. H. Newcomer's Sons R. C. Mo. ADDRESS

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.

12-36-30

604 (Annular Blk.)

12-38°