

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

Do not use this space.

15427

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.

1. PLACE OF DEATH

County Jackson

Township Washington

City 28th & Holmes

Registration District No. 2104

Primary Registration District No. 2808

File No.

Registered No. 879

St.

Ward)

2. FULL NAME Outback Mackler

(a) Residence, No. 28th & Holmes

(Usual place of abode)

Ward.

(If nonresident give city or town and State)

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.

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) Unknown

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

about 86

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Retired Soldier

(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)

Missouri

10. NAME OF FATHER

Thomas Mackler

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Ky

12. MAIDEN NAME OF MOTHER

Eloza Ann Childs

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Ky

14. INFORMANT

(Address)

W. Mackler
28th & Holmes

15. FILED

5-26-1922

B. F. Brannan
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

May 23 1927

17. I HEREBY CERTIFY, That I attended deceased from

April 2-20 1927, to May 23 1927
that I last saw him alive on May 23 1927, and that death occurred, on the date stated above, at 7 am m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Myocarditis

90 90 100
118 90 100 (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY)

Influenza

(duration) yrs. mos. ds. 20 ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH?

Place of death

DID AN OPERATION PRECEDE DEATH? no DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed)

R. C. Pagan

M. D.

5/23 1927 (Address) 75 1/2 Broadway

*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

DATE OF BURIAL

Forest Hill

5/24 1927

20. UNDERTAKER

ADDRESS

McLendon Sons

City

