JUN 27 1927

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

Do not use this space.

15518

1. PLACE OF DEATH

County Jasper — Registration District No. 47 — File No.

Township Jasper — Primary Registration District No. 5561 — Registered No. 62

City Jasper Co. Tuberculosis Hospital — St. — Ward)

2. FULL NAME Will Mack

(a) Residence. No. — St., — Ward.
(Usual place of abode) — (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): ~~[illegible]~~

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): May 18, 1872

7. AGE: Years 54 — Months 11 — Days 27 — If LESS than 1 day, ___ hrs. or ___ min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Miner
(b) General nature of industry, business, or establishment in which employed (or employer): Lead & Zink
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Calfi.

PARENTS

10. NAME OF FATHER: Dudley Mack.
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Calfi
12. MAIDEN NAME OF MOTHER: Katherine Loyd
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Calfi

14. INFORMANT: Ed. Mack
(Address): Treece Kans

15. FILED 5/18 1927 — R. M. Stormont, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): May 15 1927

17. I HEREBY CERTIFY, That I attended deceased from October 22, 1926, to May 15, 1927, that I last saw him alive on May 15, 1927, and that death occurred, on the date stated above, at 6:30 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic pulmonary tuberculosis

31 USR (duration) 2 yrs. 8 mos. — ds.

CONTRIBUTORY (SECONDARY): unknown if any
(duration) — yrs. — mos. — ds.

18. WHERE WAS DISEASE CONTRACTED: unknown
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? No. DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Physical and X Ray examination

(Signed) Varney Hazlewood M. D.
Jasper County Tuberculosis Hospital
May 15, 1927 (Address) Webb City Missouri

*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: Webb City Cem. — DATE OF BURIAL: May 17 1927

20. UNDERTAKER: Webb City Wd. Co. — ADDRESS: Webb City

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.

[illegible] IS A PERMANENT RECORD

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