WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

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 ..... File No. 28754

Township ..... Primary Registration District No. 1003 ..... Registered No. 8221

City St. Louis (No. Mo. Pac. Hosp. ..... St. ..... Ward)

2. FULL NAME Edward McKenzie

(a) Residence. No. ..... St., 17 Ward. Dupo Ill.
(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): Widower

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov. 22-1861

7. AGE: Years 66 | Months 8 | Days 15 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Engine Foreman
(b) General nature of industry, business, or establishment in which employed (or employer): Railroad
(c) Name of employer: Mo. Pac. Lines

9. BIRTHPLACE (CITY OR TOWN) Fayetteville
(STATE OR COUNTRY) Ohio

PARENTS

10. NAME OF FATHER: Geo. McKenzie
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Ohio
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER: Huknam
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Huknam
(STATE OR COUNTRY)

14. INFORMANT Mr. Pearl Leatherwood
(Address) Council Grove Kansas

15. AUG 13 1928 FILED ....., 19.. Max C Starkey REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug. 7 1928

17. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....
that I last saw h..... alive on ....., 19....., and that death occurred, on the date stated above, at 10 49 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Shock & Injuries (Traumatic Amputation of Right Leg)
Ruptured bring crushed between
(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) two Railroad Cars
Accident
(duration) ..... yrs. ..... mos. ..... ds.
no automobile

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? .....
DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....
WAS THERE AN AUTOPSY? .....
WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) J. W. Kerner, M. D.
8/11, 1928 (Address) Dep. Coroner

*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: New St Marcus Cem. | DATE OF BURIAL: 8-13-1928

20. UNDERTAKER: Peetz Bros. | ADDRESS: 3029 Lafayette