

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

Do not use this space.

36021

**1. PLACE OF DEATH**

County Benton  
Township Williams  
City Cole Camp

Registration District No. 59  
Primary Registration District No. 4034

File No. ....  
Registered No. 40

**2. FULL NAME** Charles Makison

(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. da. How long in U.S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Married</u>
-----------------------	----------------------------------	--

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 3-27-1855

7. AGE 73 YEARS 7 MONTHS 29 DAYS  
If LESS than 1 day, .... hrs. or .... min.

**8. OCCUPATION OF DECEASED**

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

PARENTS

10. NAME OF FATHER Ivan Makison

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

12. MAIDEN NAME OF MOTHER Unknown

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

14. INFORMANT Mrs Wm Imbusch  
(Address) Cole Camp Mo

15. FILED Dec 3, 1928 Harry Bay REGISTRAR

**2 MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) 11-26-28 19

17. I HEREBY CERTIFY, That I attended deceased from Oct 19<sup>th</sup>, 1928, to Nov 26<sup>th</sup>, 1928 that I last saw him alive on Nov 16<sup>th</sup>, 1928, and that death occurred, on the date stated above, at 6:30 A. m.

THE CAUSE OF DEATH WAS AS FOLLOWS:

Mitral Lesion

1921  
1928 (duration) 5 yrs. .... mos. .... da.  
CONTRIBUTORY (SECONDARY) Bright's disease  
(duration) 1 yrs. .... mos. .... da.

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? Clinical  
(Signed) Harry Bay, M. D.  
Nov 26, 1928 (Address) Cole Camp Mo

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

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Union Cemetery DATE OF BURIAL 11-27-28

20. UNDERTAKER E L Eickhoff ADDRESS Cole Camp Mo

WHITE 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.

