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

Do not use this space.

1953

1. PLACE OF DEATH
County Jackson — Registration District No. 400
Township Kansasville — Primary Registration District No. 5600 P.P.
City ~~Lees Summit~~ (No. ..... St. ..... Ward) — File No. ..... Registered No. 7

2. FULL NAME MacAgnes Mackay.

(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 35 yrs. — mos. — ds. How long in U.S., if of foreign birth? 43 yrs. — mos. — ds.

FEB 22 1929

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
F	W	Widowed

5a. IF MARRIED, WIDOWED, OR DIVORCED
~~HUSBAND OF~~ (OR) WIFE OF George Mackay.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec 4 1851

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	77	1	6	

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

9. BIRTHPLACE (CITY OR TOWN) Not Known
(STATE OR COUNTRY) Scotland.

PARENTS

10. NAME OF FATHER Duncan Mc Gown
11. BIRTHPLACE OF FATHER (CITY OR TOWN) unknown
(STATE OR COUNTRY) Scotland.
12. MAIDEN NAME OF MOTHER Elizabeth Barr
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) unknown
(STATE OR COUNTRY) Scotland.

14. INFORMANT Mrs O. A. Scruggs.
(Address) Lees Summit Mo

15. Filed Jan 17 1929 W. L. James REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 10 1928

17. I HEREBY CERTIFY, That I attended deceased from Oct 23 1928 to Dec 10 1928 that I last saw her alive on Dec 10 1928 and that death occurred, on the date stated above, at 9:20 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Carcinoma of Gallbladder and Liver
250
(duration) yrs. 6 mos. ds.
CONTRIBUTORY (SECONDARY) Gall Stones
(duration) 30 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? Same
DID AN OPERATION PRECEDE DEATH? No DATE OF .....
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Symptoms

(Signed) J. W. Hodges Lees Summit Mo, M. D
, 19 (Address)

*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 Lees Summit Mo — DATE OF BURIAL 1-13 1929

20. UNDERTAKER Fields-James — ADDRESS Lees Summit Mo

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.

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