

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

Do not use this space.

15049

MAY 27 1929

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.

PLACE OF DEATH

County Gasper

Registration District No. 408

File No.

Township

Primary Registration District No. 3020

Registered No.

City Carthage (No.)

St. Ward)

2. FULL NAME Jackie Lee M^c Nabo

(a) Residence. 721 Olive St., 1 Ward. (If nonresident give city or town and State)

Length of residence in city or town where death occurred 0 yrs. 0 mos. 0 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX | 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Male | White | Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Apr. 25-1929

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u> hrs. <u>0</u> min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work none
 (b) General nature of industry, business, or establishment in which employed (or employer)

9. BIRTHPLACE (CITY OR TOWN) Carthage Mo.
 (STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER Boyd L. M^c Nabo

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Gasper Co. Mo.
 (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Cora Ferree

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Gasper Co. Mo.
 (STATE OR COUNTRY)

14. INFORMANT J. L. M^c Nabo
 (Address) Carthage Mo.

15. FILED 4-26-1929 Ellie Ketchum
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Apr. 25 1929

17. I HEREBY CERTIFY, That I attended deceased from Apr. 25 1929, to Apr. 25 1929, and that I last saw him alive on Apr. 25 1929, and that death occurred, on the date stated above, at 11:50 A.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Heart Weakness
limited six hours
 (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Heart Weakness
 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED Home
 IF NOT AT PLACE OF DEATH.

DID AN OPERATION PRECEDE DEATH? DATE OF

WHAT TEST CONFIRMED DIAGNOSIS?
 (Signed) David Stone M. D.
 (Address) Carthage, Mo.

*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 Paris Cemetery DATE OF BURIAL 4-26-1929

20. UNDERTAKER Wm. - Drake Carthage
 ADDRESS

