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.

31980

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. 9009

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

City ..... (No. 1326 No. 7th St. ..... Ward)

2. FULL NAME James F. McKenzie

(a) Residence. No. 1326 No. 7th St., 25 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Male	White	Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 9, 1876

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	53	3	25	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Foremen

(b) General nature of industry, business, or establishment in which employed (or employer) Sligo Iron Store

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) St. Louis
(STATE OR COUNTRY) Mo

PARENTS

10. NAME OF FATHER John McKenzie

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

12. MAIDEN NAME OF MOTHER Elizabeth Hurley

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) St. Louis
(STATE OR COUNTRY) Mo

14. INFORMANT Catherine McKenzie
(Address) 1326 No. 7th St

15. FILED SEP 6 1929 Max C Starkey REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept. 4 1929

17. I HEREBY CERTIFY, That I attended deceased from Feb 20, 1929, to Sept 1, 1929 that I last saw him alive on Sept 1, 1929, and that death occurred, on the date stated above, at 4 30 A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Carcinoma Bladder

49 51B

(duration) 1 yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) General Metastases

(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH —

DID AN OPERATION PRECEDE DEATH? Yes DATE OF 2/25/29

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Microscopic Section

(Signed) [signature] M. D.

, 19 (Address) 650 Century Bldg

*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	DATE OF BURIAL
Calvary	Sept 7 1929

20. UNDERTAKER	ADDRESS
Bensieh-Niehaus	1138 No. 6th

Fvr. Leo. Bartels
Century Bldg.
From 11 to 1 o'clock.