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.

6814

1. PLACE OF DEATH

County ..... Registration District No. 791

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

City St Louis (No. 3847a Potomac St. ..... Ward)

File No. .....

Registered No. 1650

2. FULL NAME Jos. L. Mackey

(a) Residence. No. 3847a Potomac St., 16 Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 40 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): Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 19 1847

7. AGE: YEARS 82 | MONTHS 3 | DAYS 25 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Blacksmith

(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): Illinois

PARENTS

10. NAME OF FATHER: Jos Mackey Sr.

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

12. MAIDEN NAME OF MOTHER: Martha Forsham

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

14. INFORMANT: Chas Mackey
(Address) Dubiance Mo.

15. FILED 17, 19 Max C Starkey REGISTRAR

MEDICAL CERTIFICATE OF DEATH

2

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb. 14th 1930

17. I HEREBY CERTIFY, That I attended deceased from Feb 3rd, 1930, to Feb 14, 1930 that I last saw him alive on Feb 14, 1930, and that death occurred, on the date stated above, at 6:00 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Lobar Pneumonia
108
931

..... (duration) ..... yrs. ..... mos. 2 ds.

CONTRIBUTORY (SECONDARY) Chronic Myocarditis

..... (duration) ..... yrs. ..... mos. 12 ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH .....

DID AN OPERATION PRECEDE DEATH? No DATE OF —

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Clinical Exam

(Signed) Paul R Konzelman, M. D.

Feb 15th 1930 (Address) 3567 Potomac St

*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: Cedar Hill Mo.

DATE OF BURIAL: 2-17 1930

20. UNDERTAKER: Wm Schumacher

ADDRESS: 3013 Meramec