JUN 27 1930

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

Do not use this space.

17320

1. PLACE OF DEATH
County St. Louis — Registration District No. 1170 — File No.
Township — Primary Registration District No. 6248 H — Registered No. 108
City Brentwood (No. 8634 Manchester Ave St. Ward)

2. FULL NAME Robert J. MacKenzie
(a) Residence. No. 8634 Manchester Ave St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 48 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

91
7

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 Nettie MacKenzie

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 25, 1860

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
69	6	8	

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

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Iowa

PARENTS
10. NAME OF FATHER David MacKenzie
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Canada
12. MAIDEN NAME OF MOTHER Catherine Scott
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) New York

14. INFORMANT Kriegshauser U Co
(Address) 4228 S. Kingshwy.

15. FILED 5/5, 1930 C L Jensen REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 3 1930

17. I HEREBY CERTIFY, That I attended deceased from ....., 19...., to ....., 19.... that I last saw h..... alive on ....., 19...., and that death occurred, on the date stated above, at 11:30 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic myocarditis
93C
97 (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) Arteria Sclerosis
(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH 9 0 B
DID AN OPERATION PRECEDE DEATH? No DATE OF —
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? History
(Signed) John [illegible], M. D.
5/5, 1930 (Address) Forrest St. Louis County

*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 Zion's Cemetery — DATE OF BURIAL 5-6 1930

20. UNDERTAKER Kriegshauser U. Co. — ADDRESS 4228 S. Kingshighway

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.