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.

37934

1. PLACE OF DEATH

County: St Louis — Registration District No.: 791 1003 — File No.: 11078

Township: — Primary Registration District No.: City Infirmary — Registered No.:

City: St Louis (No. ..... St. ..... Ward)

2. FULL NAME: Tom MacKey

(a) Residence. No. 5800 Arsenal St. St., Hosp. Ward, 13 (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: M.

4. COLOR OR RACE: Negro

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word): Widower

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): abt 1849

7. AGE: abt 81 — YEARS — MONTHS: Unknown — DAYS — If LESS than 1 day, ..... hrs. or ..... min.

8. OCCUPATION OF DECEASED

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

(b) General nature of industry, business, or establishment in which employed (or employer): Porter

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Tennessee

PARENTS

10. NAME OF FATHER: Unknown

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

12. MAIDEN NAME OF MOTHER: Eliza MacKey

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

14. INFORMANT: Mrs. Effinger (Address) 5800 Arsenal

15. FILED NOV 23 1930 — Mary C Starkey — REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): 11 - 20 1930

17. I HEREBY CERTIFY, That I attended deceased from Nov 10, 1930, to Nov 20, 1930 that I last saw him alive on Nov 20, 1930, and that death occurred, on the date stated above, at 2:00 am m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Myocarditis

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (SECONDARY): General Arterial Sclerosis

(duration) 3 yrs. mos. ds.

18. WHERE HAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? 5800 Arsenal City Infirmary St Louis Mo

DID AN OPERATION PRECEDE DEATH? No. DATE OF

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? None

(Signed) Roosevelt Leonard, M. D

11/20, 1930 (Address) 5800 Arsenal St Louis 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: Greenwood Cem — DATE OF BURIAL: 11/23 1930

20. UNDERTAKER: C. W. Roberts — ADDRESS: 3035 Lucas