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

Do not use this space.

10939

1. PLACE OF DEATH
County Nodaway
Township Polk
City ..... (No. ....., ... St. ..... Ward)

Registration District No. 625
Primary Registration District No. 5827

File No. /
Registered No. 26

2. FULL NAME Wilson Mackey
(a) Residence. No. County Farm St., ... Ward. Conception Jct Mo
(Usual place of abode) (If nonresident, give city or town and State)
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.

APR 25 1931

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.

PERSONAL AND STATISTICAL PARTICULARS

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

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

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

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

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Inmate Co Infirmary
(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) Ohio

PARENTS
10. NAME OF FATHER Unknown
11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Unknown
12. MAIDEN NAME OF MOTHER
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Unknown

14. INFORMANT Geo Brown Supt
(Address) Maryville Mo

15. FILED Mar 13, 1931 C. P. Fryer REGISTRAR
M.E.C.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar 7 1931

17. I HEREBY CERTIFY, That I attended deceased from March 1, 1931, to March 4, 1931 that I last saw h..... alive on March 3, 1931 and that death occurred, on the date stated above, at 10:00 pm.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic Myocarditis
93C
..... (duration) ..... yrs. 1 mos. ..... ds.

CONTRIBUTORY (SECONDARY) 93C
..... (duration) ..... yrs. ..... mos. ..... 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
(Signed) C. P. Fryer, M. D.
, 19 (Address)

*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 Sweet Home Ravenswood Sweet Gardner Cokan
DATE OF BURIAL 3-14-1931

20. UNDERTAKER Cummins Furn Co
ADDRESS Maryville