

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

Do not use this space.

17881

**1. PLACE OF DEATH**

County..... Registration District No.....  
Township..... Primary Registration District No.....  
City St. Louis (No. Deaconess Hospital)..... St. .... Ward)

File No.....  
Registered No. 4835

**2. FULL NAME**

Mrs Alice Macksey  
(a) Residence. No. 109 N. Old Orchard..... 4<sup>th</sup> Ward. Webster Groves 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. 12 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <b>Female</b>	4. COLOR OR RACE <b>White</b>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <b>Married</b>
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5A. IF MARRIED, WIDOWED, OR DIVORCED  
HUSBAND OF (OR) WIFE OF **Joseph Macksey**

6. DATE OF BIRTH (MONTH, DAY AND YEAR) **June 23, 1886**

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ..... hrs. or ..... min.
<b>45</b>		<b>10</b>	<b>24</b>	

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work **Housewife 255**  
(b) General nature of industry, business, or establishment in which employed (or employer) **At home**  
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) **Boston,**  
(STATE OR COUNTRY) **Massachusetts 2**

10. NAME OF FATHER **Philip J. Doherty**

11. BIRTHPLACE OF FATHER (CITY OR TOWN) **Boston,**  
(STATE OR COUNTRY) **Massachusetts**

12. MAIDEN NAME OF MOTHER **Catherine Butler**

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) **Boston,**  
(STATE OR COUNTRY) **Massachusetts**

14. INFORMANT Joseph Macksey  
(Address) 109 N. Old Orchard Ave

15. FILED May 20 1932 REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) **May 17 1932**

17. I HEREBY CERTIFY, That I attended deceased from 1916 to May 17 1932  
that I last saw him alive on May 17 1932, and that death occurred, on the date stated above, at 8 a. m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

**Peritonitis**  
**139A** (duration) ..... yrs. mos. **6** ds.  
**139C**  
**139** (duration) ..... yrs. mos. **6** ds.  
CONTRIBUTORY (SECONDARY) **Operation 5-12-32 (Appendectomy)**  
**and rupture of organ**  
**non malignant** (duration) ..... yrs. mos. **6** ds.

18. WHERE WAS DISEASE CONTRACTED **D**  
IF NOT AT PLACE OF DEATH.....

1 DID AN OPERATION PRECEDE DEATH? **yes** DATE OF **5-12-32**  
WAS THERE AN AUTOPSY? **yes! Abdominal only**  
WHAT TEST CONFIRMED DIAGNOSIS? **Adhesions, Abscess**  
(Signed) **John L. Franfit**, M. D.

**May 17 1932** (Address) **940 Janssoul Blvd**

\*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 **(New) St. Peter & Paul Cemetery, St. Louis County** DATE OF BURIAL **May 20 1932**

20. UNDERTAKER **Allen H. McLaughlin** ADDRESS **2301 Lafayette**

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.

