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.

JUL 22 1932

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

Do not use this space.

19128

1. PLACE OF DEATH

33 County: Dent — Registration District No. 266

Township: Short Bend — Primary Registration District No. 5377

City ..... (No. ....., ... St. ..... Ward)

File No. .....

Registered No. 36

2. FULL NAME Franklin Don Mackey

(a) Residence, No. ..... St., ... Ward. .....
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
male	white	child

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 1st 1932

7. AGE Years	Months	Days	If LESS than 1 day, hrs.	min.
XXX	XXX	X	4	30

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. infant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) Short Bend (STATE OR COUNTRY) Mo 1

FATHER

13. NAME Perry Mackey

14. BIRTHPLACE (CITY OR TOWN) Putman Co (STATE OR COUNTRY) Tenn 2

MOTHER

15. MAIDEN NAME Annie Thompson

16. BIRTHPLACE (CITY OR TOWN) Oregan Co (STATE OR COUNTRY) Mo 1

17. INFORMANT Perry Mackey (ADDRESS) Short Bend Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE Ellis Cem DATE June 2 1932

19. UNDERTAKER Carl K Spencer (ADDRESS) Salem Mo

20. FILED 6/2 1932 W. E. Rudd Registrar.

MEDICAL CERTIFICATE OF DEATH

1

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 1 1932

22. I HEREBY CERTIFY, That I attended deceased from June 1, 1932, to June 1, 1932

I last saw him alive on June 1, 1932. Death is said to have occurred on the date stated above, at 5:30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Premature Birth	
159	

Other contributory causes of importance: None

D

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Floyd H. Hunt, M. D.

(Address) Salem, Mo