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.

SEP 26 1932

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

Do not use this space.

29943

File No. .....

Registered No. 75

1. PLACE OF DEATH

74 County Nodaway

Township Polk

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

Registration District No. 625

Primary Registration District No. 5827

2. FULL NAME Albert Leroy Mackie

(a) Residence, No. 222 East Sixth St., Maryville Ward, 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. 7 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male

4. COLOR OR RACE: white

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 13, 1892

7. AGE: Years 40; Months ; Days 18; If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. painter 69

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) June, 1932

11. Total time (years) spent in this occupation 10

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) near Savannah, Missouri 1

FATHER

13. NAME Francis Marion Mackie 0

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) near Savannah, Missouri

MOTHER

15. MAIDEN NAME Mary Ellen Young

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Greensburg, Indiana 2

17. INFORMANT (ADDRESS) Mrs. Mabel Hamilton, 222 E.6th, Maryville, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Pasedena Cal DATE — 19

19. UNDERTAKER (ADDRESS) J.B.Cummins, Maryville, Mo.

20. FILED Sept 2 1932 Mamie E Clardy Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from XXXXXXXXXXXXXXXX 19XX to XXXXXXXXXXXXXXXX 19XX I last saw alive on XXXXXXXXXXXXXXXX 19XX Death is said to have occurred on the date stated above, at 2.30 p.m.

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

acute alcoholism — Date of onset 9/1

75 B

Other contributory causes of importance:

Name of operation none Date of .....

What test confirmed diagnosis? none Was there an autopsy? no

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? no

If so, specify .....

(Signed) Chas. D. Humphrey M.D., M. D.

(Address) Coroner, Nodaway Co., Mo.