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.

APR 21 1933

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

Do not use this space.

85

8608

1. PLACE OF DEATH

County Buchanan — Registration District No. 1001 — File No.

Township — Primary Registration District No. — Registered No. 330

City St Joseph, Mo. (No.) 2601 South 19th St. Ward)

2. FULL NAME John McKenzie

(a) Residence, No. 2601 South 19th St., Ward. (Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 14 yrs. 0 mos. 0 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): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): February 22 1901

7. AGE: YEARS 32 | MONTHS 1 | DAYS 2 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Pressman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Western Tablet
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Hermitage Missouri

FATHER

13. NAME: Samuel McKenzie
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Monticello Illinois

MOTHER

15. MAIDEN NAME: Ella Cross
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Missouri

17. INFORMANT (ADDRESS): Anna McKenzie St Joseph, Mo

18. BURIAL, CREMATION, OR REMOVAL — PLACE: Mt Auburn DATE: March 27, 1933

19. UNDERTAKER (ADDRESS): Fleeman Funeral Home St Joseph Missouri

20. FILED: MAR 27 1933 John R Bender Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): March 24, 1933

22. I HEREBY CERTIFY, That I attended deceased from March 10, 1933, to Mar 24, 1933

I last saw him alive on Mar 24, 1933. Death is said to have occurred on the date stated above, at 10:15 P.m.

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

Double Lobar Pneumonia

Date of onset 3-10-33

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Other contributory causes of importance:

Name of operation none Date of —

What test confirmed diagnosis? Clinical 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) William A. Robertson, M. D.

(Address) St. Joseph Mo