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

Do not use this space.

25929

1. PLACE OF DEATH
County Christian — Registration District No. 185 — File No.
Township Sparta — Primary Registration District No. 5258 — Registered No.
City ~~Sparta~~ (No. ..... St. ..... Ward)

2. FULL NAME Robert Anderson Mack.
(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: 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 Mrs. R. A. Mack

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 20 - 1859.

7. AGE

| YEARS | MONTHS | DAYS | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 74. | 1 | 21 | |

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Farmer.
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Greene County
(STATE OR COUNTRY) Mo.

PARENTS

10. NAME OF FATHER J. W. D. L. F. Mack.
11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Tenn
12. MAIDEN NAME OF MOTHER Mary Josephine Murphy
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Tenn

14. INFORMANT Mrs. R. A. Mack
(Address) Sparta Mo.

15. FILED 9-5 1933 Mrs. L. B. Clemens
REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 11 1933.

17. I HEREBY CERTIFY, That I attended deceased from Aug 7, 1933, to Aug 11, 1933 that I last saw him alive on Aug 10, 1933 and that death occurred, on the date stated above, at 5:30 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Angina Pectoris
[illegible]
(duration) ..... yrs. ..... mos. 3 ds.

CONTRIBUTORY (SECONDARY) .....
(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH .....
DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Phy ex
(Signed) H J Wise, M. D.
9/1, 1933 (Address) Sparta Mo.

*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: Sparta Cemetary
DATE OF BURIAL: Aug. 13th 1933

20. UNDERTAKER: Rathbun & Chobbin
ADDRESS: Sparta Mo