

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

Do not use this space.

26609

1. PLACE OF DEATH

County Jackson Registration District No. 389
 Township Raw Primary Registration District No. 1002
 City Kansas City (No. 3933 Spruce) St. _____ Ward _____

File No. _____
 Registered No. 3360
 St. _____ Ward _____

2. FULL NAME

Arthur Macy
 (a) Residence, No. 3933 Spruce 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 Ms. Mahle Macy

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) unknown

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
approx 46 0 0 0 0

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

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) (STATE OR COUNTRY) Nebraska

13. NAME unknown

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

15. MAIDEN NAME unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

17. INFORMANT ms. Mahle Macy (ADDRESS) 3933 Spruce

18. BURIAL, CREMATION, OR REMOVAL PLACE Green Lawn DATE 8/24 1933

19. UNDERTAKER H. Regeman & Son's (ADDRESS) 8/23 1933 M. M. Brown Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8/24/33

22. I HEREBY CERTIFY That I attended deceased from _____ to _____, 19____
 I last saw him _____ live on _____, 19____. Death is said to have occurred on the date stated above, _____ m.

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

Cornary thrombosis
Acute myocardial infarction

Other contributory causes of importance: no

Name of operation _____ Date of _____

What test confirmed diagnosis Autopsy 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 due to occupation of deceased? _____
 If so, specify _____

(Signed) [Signature] (Address) [Address]

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 1933

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