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

Do not use this space.

28077

File No. .....

Registered No. 7158

1. PLACE OF DEATH

County ..... Registration District No. 7901

Township ..... Primary Registration District No. 3103

City St Louis (No. City Hosp. St. ..... Ward)

4691

2. FULL NAME Jas Cackey

(a) Residence, No. 2304 S 3rd St. St., 23 Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 20 yrs. 3 mos. 20 ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

SEP 26 1933

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 16 1853

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	80	2	2	

OCCUPATION

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

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) Sharon Co Ky.

FATHER

13. NAME John Cackey

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

MOTHER

15. MAIDEN NAME Sally Davis

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

17. INFORMANT Mary Lee Wright
(ADDRESS) City Hosp

18. BURIAL, CREMATION, OR REMOVAL
PLACE Alton Ill. DATE Aug. 21, 1933

19. UNDERTAKER Clerk Bros
(ADDRESS) 2201 S. Grand

20. FILED AUG 19 1933 J. F. Bredeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 18, 1933

22. I HEREBY CERTIFY, That I attended deceased from 6-22, 1933 to 8-18, 1933

I last saw him alive on 8-18, 1933. Death is said to have occurred on the date stated above, at 12:13 a.m. P.M.

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

	Date of onset
Chr. myocarditis	
Contrib. sclerosis	

Other contributory causes of importance:
Generalized of the foot
Diabetes mellitus
Senility

Name of operation ..... 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? .....
If so, specify .....

(Signed) Henry Dunn, M. D.
(Address) City Hospital

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.

Jn

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