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

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

Do not use this space.

28240

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St. Louis (No. 3312a Blair Ave St. ..... Ward)

File No. .....

Registered No. 7373

2. FULL NAME David MacGill

(a) Residence, No. 3312a Blair Ave. St., 26 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 Grace V. MacGill (Skewes)

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May, 16, 1893

7. AGE: YEARS 40 | MONTHS 3 | DAYS 9 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Wrought Iron Range Co.

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) Scotland

FATHER

13. NAME Neil MacGill

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

MOTHER

15. MAIDEN NAME Martha Thompson

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

17. INFORMANT (ADDRESS) Mrs. Grace V. MacGill 3312a Blair Ave

18. BURIAL, CREMATION, OR REMOVAL
PLACE Zions DATE Aug. 29 1933

19. UNDERTAKER (ADDRESS) Math. Hermann & Son 2161 E. Kapp Ave

20. FILED AUG 27 1933 19 J F Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 25, 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug 24, 1933, to Aug 25, 1933

I last saw him alive on Aug 25, 1933. Death is said to have occurred on the date stated above, at 11:30 P.m.

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

Mitral Regurgitation — Date of onset 8/24/33

92

Other contributory causes of importance:

Mitral Regurgitation

Name of operation ..... Date of .....

What test confirmed diagnosis? Crowd Sy. of Hr. 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) C. E. Aldenderfer, M. D.

(Address) 5969 Sunnymit Av.