

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

Do not use this space.

1. PLACE OF DEATH  
County Caldwell Registration District No. 94 File No. 8038  
Township \_\_\_\_\_ Primary Registration District No. 4055 Registered No. \_\_\_\_\_  
City Breckinridge (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Eilara May Mackey  
(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)  
Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 3 1872

7. AGE YEARS 62 MONTHS 2 DAYS 12 If LESS than 1 day, hrs. or min.

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

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) Caldwell Co. Mo.

MOTHER FATHER  
13. NAME Clinton Arnold  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio  
15. MAIDEN NAME Elizabeth Hoak  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

17. INFORMANT Frank Arnold  
(ADDRESS) Kansas City, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Rosehill DATE Mar 16 1934

19. UNDERTAKER (ADDRESS) Amc Beech  
Breckinridge Mo.

20. FILED Mar 16 1934 A. R. Wilsey Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 15 1934

22. I HEREBY CERTIFY, That I attended deceased from March 5th 1934 to March 14th 1934  
I last saw her alive on March 14th 1934. Death is said to have occurred on the date stated above, at 6 a.m.  
The principal cause of death and related causes of importance were as follows:  
Encephalitis (Lethargica) Date of onset March 3rd - 24

Other contributory causes of importance

17

16. Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ Was 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 in any way related to occupation of deceased? No  
If so, specify \_\_\_\_\_  
(Signed) A. R. Wilsey, M. D.  
(Address) Breckinridge Mo.

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.

WRITE COMPLETELY WITH UNFADING INK—THIS IS A PERMANENT RECORD

1934  
P.S. 4900  
2035

