

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

Do not use this space.

16637

1. PLACE OF DEATH

County Jackson

Registration District No. 399

Township Kaw

Primary Registration District No. 1002

City Kansas City, Missouri

4315 Roanoke Parkway St. _____ Ward _____

File No. _____

Registered No. _____

2. FULL NAME Mrs. Ivarene Mackey,

(a) Residence, No. 4315 Roanoke Parkway, _____ 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 Fe 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 Claude Mackey

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 18 - 1905

7. AGE YEARS 28 MONTHS 11 DAYS 16 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) Missouri

13. NAME S. E. Brown

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know

15. MAIDEN NAME Martha Whittenberg

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

17. INFORMANT Mr. Claude Mackey
 (ADDRESS) 4315 Roanoke Parkway

18. BURIAL, CREMATION, OR REMOVAL

PLACE Mr. Moriah DATE May 4th 1934

19. UNDERTAKER R. V. Lindsey & Sons, Inc.
 (ADDRESS) 3811 Broadway

20. FILED 5-4-34 M. J. [Signature]
 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 3, 1934

22. I HEREBY CERTIFY, That I attended deceased from Sep 2, 1933, to May 3, 1934

I last saw her alive on May 2, 1934 Death is said to have occurred on the date stated above, at 12:10 A.

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

April 2 - 1933
Carcinoma of sigmoid flexure

Other contributory causes of importance:
Carcinoma Colon

Name of operation _____ Date of _____
 What test confirmed diagnosis? Laboratory as there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? no Date of injury no, 1934

Where did injury occur? no (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. no

Manner of injury none

Nature of injury gun

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify no

(Signed) J. G. Mackey, M. D.

(Address) Roanoke Parkway

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.

JUN 19 1934

2055

MOTHER FATHER

