

MAR 19 1936

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

Do not use this space.

5729

1. PLACE OF DEATH

County Jackson
Township Shelby
City K.C. Mo.

Registration District No. 398
Primary Registration District No. R. 6. 7th R. #2

File No.
Registered No. 68
St. Ward)

2. FULL NAME

(a) Residence, No. Jennie J. Mackey
(Usual place of abode) Kennas City Mo. R #2 Ward.

(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 wh 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 26 - 1848

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
87 2 10

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

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) England

13. NAME Joseph Hope

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

15. MAIDEN NAME no Record

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

17. INFORMANT Fred Young (ADDRESS) K.C. Mo. - R #2

18. BURIAL, CREMATION, OR REMOVAL PLACE Forest Hill DATE Feb 3

19. UNDERTAKER Mrs. C. L. Foster (ADDRESS) 918 Brookway, Wash

20. FILED 2-17-36 1936 F. P. Cook Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 14, 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug. 10 -, 1935, to Feb. 14 -, 1936

I last saw her..... alive on Feb. 13 -, 1936. Death is said to have occurred on the date stated above, at 5:38 AM

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

Chronic Myocarditis

Other contributory causes of importance:

Arteriosclerosis

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? If so, specify

(Signed) F. P. Cook M. D.
(Address) 200 Doyle Blvd,

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.

LIST A PERMANENT RECORD

U2-9485
till 1300