

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

Do not use this space.

SEP 24 1936

31379

**1. PLACE OF DEATH**

County Jasper Registration District No. 411  
 Township Jasper Primary Registration District No. 2002  
 City Joplin (No. 1311 Missouri) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
 Registered No. \_\_\_\_\_

**2. FULL NAME**

Thomas Mackey  
 (a) Residence, No. 1311 Missouri St., \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 7 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 19, 1936

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

22. I HEREBY CERTIFY, That I attended deceased from Oct 17 1936 to Oct 17 1936

I last saw him alive on Aug 17 1936 Death is said

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 30, 1853

to have occurred on the date stated above, at 7:55 a.m.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
82 10 20

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

Mitral Inefficiency Date of onset \_\_\_\_\_

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

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) 10/17/36 11. Total time (years) spent in this occupation \_\_\_\_\_

Other contributory causes of importance: Old age

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown England

13. NAME Peter Mackey

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

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

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

15. MAIDEN NAME Mary Anderson

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Ireland

Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

17. INFORMANT Mrs. Ellen Ketter (ADDRESS) 1311 Missouri Joplin Mo.

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

18. BURIAL, CREMATION, OR REMOVAL PLACE Grav. Mem. Park, Joplin DATE Aug. 21, 1936

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_

19. UNDERTAKER Lanpher Mortuary (ADDRESS) 1502 Joplin Mo.

If so, specify \_\_\_\_\_

(Signed) W. E. Crank, M. D.

20. FILED 8-22-36 Ed J. Garner Registrar.

(Address) Joplin 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.

Dr. W. E. Caring