

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

Do not use this space.

MAY 31 1937

17270

1. PLACE OF DEATH

County Pike
Township Cabernet
City _____ (No. _____)

Registration District No. 685-
Primary Registration District No. 5909B

File No. 28
Registered No. 6
St. _____ Ward _____

2. FULL NAME

James C Mackey
(a) Residence, No. _____ St. _____ 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 Emma Louise Mackey
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 16 - 1864
7. AGE YEARS 73 MONTHS 2 DAYS 15 If LESS than 1 day, hrs. or min.

OCCUPATION 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) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) Clarksville (STATE OR COUNTRY) Mo

FATHER 13. NAME Francis M. Mackey

14. BIRTHPLACE (CITY OR TOWN) Clarksville (STATE OR COUNTRY) Mo

MOTHER 15. MAIDEN NAME Lucinda McLeod

16. BIRTHPLACE (CITY OR TOWN) Clarksville (STATE OR COUNTRY) Mo

17. INFORMANT Irvin J. Mackey (ADDRESS) Clarksville

18. BURIAL, CREMATION, OR REMOVAL PLACE Clarksville Mo DATE Apr 2nd 1937

19. UNDERTAKER Goach, Hilde Co (ADDRESS) Salis, Mo

20. FILED Apr 2 1937 B. M. Goach - Deputy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 1st 1937

22. I HEREBY CERTIFY, That I attended deceased from August 4, 1936 to April 1st, 1937

I last saw him alive on March 31, 1937. Death is said to have occurred on the date stated above, at 4 A.M.

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

Carcinoma of bowels Date of onset about June 1936

Other contributory causes of importance: None

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ 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) E. M. Bartlett, M. D.

(Address) Clarksville Mo.

WRITE PLAINLY WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

