

NOV 18 1937

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

Do not use this space.

1. PLACE OF DEATH

County JacksonRegistration District No. 399Township JacksonPrimary Registration District No. 1002City Jackson City (No. 2000)File No. 36545Registered No. 0001

St. _____

Ward _____

2. FULL NAME John J. Mack(a) Residence, No. 2550 Forest St. Ward. _____

(Usual place of abode)

(If nonresident, give city or town and State)

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

3. SEX m.4. COLOR OR RACE w.5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 13 1870

7. AGE

YEARS 67MONTHS 7DAYS 16

If LESS than 1 day, hrs. or min.

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

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) Penn13. NAME David Mack14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Penn15. MAIDEN NAME Jennie Rugh16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Penn17. INFORMANT (ADDRESS) Pe W. A. Clerk

18. BURIAL, CREMATION, OR REMOVAL

PLACE Graves Co. DATE 10/1/3719. UNDERTAKER (ADDRESS) Quirk & Talbot Co.20. FILED 10/3 1937 M. M. Brown

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-29 193722. I HEREBY CERTIFY, That I attended deceased from 9-27 1937 to 9-29 1937I last saw him alive on 9-29 1937 Death is saidto have occurred on the date stated above, at 8:15 P.M.

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

Aortic Stenosis
with cardiac Hy-
per trophy and aor-
ta-tion
191

Date of onset _____

Other contributory causes of importance:

Chronic vascular
nephritis

Name of operation _____ Date of _____

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

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) P. F. De Maria, M. D.(Address) Supt. K. C. Gen. Hosp. K. C.

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.

APR 29 1947