MAR 8 1939 REC'D APR 7 1938

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

Do not use this space.

1. PLACE OF DEATH
96 County St. Louis
Township Carondolet
City Koch (No. Koch Hospital St. Ward)

Registration District No. 784
Primary Registration District No. 200

File No. 12377
Registered No. 416

2. FULL NAME Ezekial Mackey
(a) Residence, No. 1935 N. Market 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) Single.
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 5-15-1900
7. AGE YEARS 38 MONTHS 9 DAYS 26 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Waiter
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) 1930
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Iuka, Mississippi

FATHER
13. NAME Thomas Mackey
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

MOTHER
15. MAIDEN NAME Dora Hendrix
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Burnt Mills Mississippi

17. INFORMANT (ADDRESS) Koch Hospital Info.
18. BURIAL, CREMATION, OR REMOVAL
PLACE Corinth, Miss DATE March 8, 1939
19. UNDERTAKER (ADDRESS) Jay B. Smith 7456 Manchester
20. FILED MAR 8 1939 19 T. R. Meyer M.D. Registrar.

B.C.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-6, 1939
22. I HEREBY CERTIFY, That I attended deceased from July 1, 1938, to March 6, 1939
I last saw him alive on March 5, 1939. Death is said to have occurred on the date stated above, at 6:15 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary TBc.	1930
2 3	
Other contributory causes of importance: Gastro-Intestinal TBc	1937

Name of operation None Date of
What test confirmed diagnosis? X-ray Spectrum 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) H. Bag Fulmer, M. D.
(Address) Koch Hospital

WHITE 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.

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