FILED FEB 18 1941

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

Do not use this space.

1221

File No. 181

Registered No.

1. PLACE OF DEATH

County Jackson — Registration District No. 399

Township Kaw — Primary Registration District No. 1002

City Kansas City Missouri (No. Lakeside Hospital St. 499 Ward)

2. FULL NAME Geo E. Mackinson (George E. Mackinson)

(a) Residence, No. St., Ward. Sibley, Ill.
(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 M

4. COLOR OR RACE W

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married 1

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Bell Mackinson 71

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sep. 9 1868

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
72	4	3	

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) (STATE OR COUNTRY) Ill. 1

FATHER

13. NAME Unknown

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown 9

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown 9

17. INFORMANT (ADDRESS) Hosp Reckond

18. BURIAL, CREMATION, OR REMOVAL

PLACE Pontiac Ill DATE 1-13-41 19

19. UNDERTAKER (ADDRESS) Mrs. C. L. Forster

20. FILED Jan 13 1941 M. M. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 12, 1941

22. I HEREBY CERTIFY, That I attended deceased from 1-3, 1941, to 1-12, 1941

I last saw him alive on 1-12, 1941 Death is said to have occurred on the date stated above, at 4:55 pm.

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

	Date of onset
Acute Endocarditis	1
+ Diabetic Gangrene	2 yrs
61	

Other contributory causes of importance:

Endarteritis Obliterans
Interstitial Nephritis
Arteriosclerosis

Name of operation none Date of 24

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) L. J. Graham 2, M. Do

(Address) 811 Chambers Bldg

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.

X9314

Gerald I. Wade
Mo. 417 —
K C. Mo