

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

1 PLACE OF DEATH

County *Jasper*
Township *Jasper*
Village
City *Cartersville*

Registration District No. *407* File No. *28177*
Primary Registration District No. *4211* Registered No. *89*
(NO. *E. of Lake Side* St. Ward)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME *Machine Masters*

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX *Female*
4 COLOR OR RACE *W*
5 SINGLE MARRIED WIDOWED OR DIVORCED (Write in full) *Single*

16 DATE OF DEATH *Aug 17 1916*
(Month) (Day) (Year)

6 DATE OF BIRTH *Aug 4 1914*
(Month) (Day) (Year)

17 I HEREBY CERTIFY, that I attended deceased from *Aug 16 1916* to *Aug 17 1916*, that I last saw *her* alive on *Aug 17 1916*, and that death occurred, on the date stated above, at *2 P.M.*

7 AGE *2 yrs. 1 mos. 16 ds.*
IF LESS than 1 day, ... hrs. or ... min.?

The CAUSE OF DEATH* was as follows:
Acute acute Polio myelitis
16
63A
(Duration) ... yrs. ... mos. ... ds.

8 OCCUPATION
(a) Trade, profession, or particular kind of work
(b) General nature of industry business or establishment in which employed (or employer)

CONTRIBUTORY (Secondary)
(Duration) ... yrs. ... mos. ... ds.
(Signed) *J. W. Barry*
Aug 18 1916 (Address) *Cartersville, Mo.*

9 BIRTHPLACE (City or town, State or foreign country) *Jasper Co. Mo.*

PARENTS
10 NAME OF FATHER *B. C. Masters*
11 BIRTHPLACE OF FATHER (City or town, State or foreign country) *Town*
12 MAIDEN NAME OF MOTHER *Sarah Beckhardt*
13 BIRTHPLACE OF MOTHER (City or town, State or foreign country) *Mo.*

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.
18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)
At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.
Where was disease contracted? *Not at place of death?*
Former or usual residence

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) *B. C. Masters*
(Address) *Cartersville*

19 DATE OF BURIAL OR REMOVAL *Aug 18 1916* DATE OF BURIAL *Aug 18 1916*

15 Filed *Aug 18 1916*
J. W. Barry
Registrar

20 UNDERTAKER *Moore* ADDRESS

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.

