AUG 16 1927

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

Do not use this space.

Dr. Foe 21204

File No. 14

Registered No. 14

1. PLACE OF DEATH

County Greene Registration District No. 944

Township Jackson Primary Registration District No. 5447B

City Springfield Mo (No. ..... St. ..... Ward)

2. FULL NAME Daniel P. Masterson

(a) Residence. No. Route 3 Strafford Mo St. ..... Ward ..... (If nonresident give city or town and State)

(Usual place of abode)

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 Eddie Lee West

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 9 1860

7. AGE 66 YEARS 11 MONTHS 6 DAYS If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Farmer

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

PARENTS

10. NAME OF FATHER James Masterson

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Island

12. MAIDEN NAME OF MOTHER Wilkinson

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Island

14. INFORMANT Mrs Hugh Morton (Address) Strafford Mo

15. FILED July 26 1927 A. B. Grier REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 15 1927

17. I HEREBY CERTIFY, That I attended deceased from July 11, 1927, to July 12, 1927 that I last saw h. 1 m. alive on July 12, 1927, and that death occurred, on the date stated above, at 9 30 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Nephritis

131 (duration) 3 yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) 129 A (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH? .....

DID AN OPERATION PRECEDE DEATH? No DATE OF .....

WAS THERE AN AUTOPSY? .....

WHAT TEST CONFIRMED DIAGNOSIS? Clinical

(Signed) R. H. Foehl M.D.

7/16, 1927 (Address) Strafford Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL G. Marys

DATE OF BURIAL 7/17 1927

20. UNDERTAKER M. E. Emmeyer

ADDRESS Springfield

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.