EB 23 1928

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

Do not use this space.

2077

1. PLACE OF DEATH
County Pettis
Township
City Sedalia (No. ..... St. ..... Ward)
Registration District No. 668
Primary Registration District No. 3032
File No.
Registered No. 14

2. FULL NAME Henry Massey
(a) Residence. No. 308 N Lamine 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 M
4. COLOR OR RACE Col
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Pearl Massey

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 1, 1900

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
27	10	12	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Cook
(b) General nature of industry, business, or establishment in which employed (or employer) Restaurant
(c) Name of employer H. Blatterman

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

PARENTS
10. NAME OF FATHER Willis Massey
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Wilsville Mo
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER dont know
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) dont know
(STATE OR COUNTRY) dont know

14. INFORMANT Harry Massey
(Address) Sedalia, Mo.

15. FILED 1-14 1928 J. G. Love REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 12 1928

17. I HEREBY CERTIFY, That I attended deceased from Jan 7, 1928, to Jan. 11, 1928, that I last saw him alive on Jan 12, 1928, and that death occurred, on the date stated above, at 12 A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cerebro Gastritis
118C
Cause unknown
(duration) yrs. mos. 4 ds.

CONTRIBUTORY (SECONDARY) 112C (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? No
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) E. G. Strate, M. D
Aug, 1928 (Address) Sedalia 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 Sedalia Mo
DATE OF BURIAL Jan 14 1928

20. UNDERTAKER F. D. Ferguson
ADDRESS Sedalia

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.