

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

Do not use this space.

1. PLACE OF DEATH

County Clay
Township L. Liberty
City L. Liberty (No.)

Registration District No. 12661-a
Primary Registration District No. 201
5780

File No. 12661-a
Registered No. 56
St. Ward

2. FULL NAME Margaret Pyram Massie

(a) Residence. No. St. Ward.
(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

1. SEX Female 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 B. H. Massie

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec 25 - 1905

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
21 7 3

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work At Home
(b) General nature of industry, business, or establishment in which employed (or employer).....
(c) Name of employer.....

9. BIRTHPLACE (CITY OR TOWN) Morgan Co.
(STATE OR COUNTRY) Ill

10. NAME OF FATHER Lawrence Pyram

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

12. MAIDEN NAME OF MOTHER Betty Turley

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

14. INFORMANT Mrs. Robt. Fisher
(Address) L. Liberty Mo

15. FILED 7/10/28 W. H. Goodson
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Apr 29 1938

17. I HEREBY CERTIFY, That I attended deceased from 1923 to 1928, 19....., 19.....
that I last saw her alive on 7 9, 19....., and that death occurred, on the date stated above, at 7 9 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Myelogenous Leukemia

CONTRIBUTORY (SECONDARY) 65N
(duration) 5 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

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

8 DID AN OPERATION PRECEDE DEATH?..... DATE OF.....

WAS THERE AN AUTOPSY?.....

WHAT TEST CONFIRMED DIAGNOSIS?.....

(Signed) W. H. Goodson, M. D.
, 19 (Address)

*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 Fairview DATE OF BURIAL 4/29 1938

20. UNDERTAKER N. H. H. H. H. ADDRESS L. Liberty Mo

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.

1938

