

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

Do not use this space.

22695

1. PLACE OF DEATH

County Saline

Registration District No. 796

File No. \_\_\_\_\_

Township \_\_\_\_\_

Primary Registration District No. 3038

Registered No. 101

City Marshall, Mo. (No. \_\_\_\_\_)

St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

John W. Masters

(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. da. How long in U.S., if of foreign birth? yrs. mos. da.

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

Ollie Masters

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov-1, 1883

7. AGE

YEARS 44

MONTHS

6

DAYS

21

If LESS than 1 day, \_\_\_\_ hrs. or \_\_\_\_ min.

8. OCCUPATION OF DECEASED

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

Labor

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

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

Saline, County

(STATE OR COUNTRY)

10. NAME OF FATHER

Peter Masters

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

Baltimore

(STATE OR COUNTRY)

Mo.

12. MAIDEN NAME OF MOTHER

Nancy Wilson

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

Carroll, Mo.

(STATE OR COUNTRY)

14.

INFORMANT

(Address)

Anna Masters  
Marshall

15.

FILED

7-7 1928 Mrs. John W. McSwire

REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 28 1928

17.

HEREBY CERTIFY, That I attended deceased from Oct, 1927, to June 28, 1928 that I last saw him alive on June 28, 1928, and that death occurred, on the date stated above, at 7:45 a. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Chronic endocarditis

92A

1180 (duration) 6 yrs. mos. da.

CONTRIBUTORY (SECONDARY)

Acute gastritis

(duration) \_\_\_\_\_ yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

D DID AN OPERATION PRECEDE DEATH? DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?

Cultured diagnosis

(Signed) \_\_\_\_\_

Alberta

M. D.

6-28, 1928 (Address) Marshall, 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

DATE OF BURIAL

Ridge Park Cem June 30, 28

20. UNDERTAKER

ADDRESS

Vandiver - Lucy Marshall

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.

