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.

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

Do not use this space.

25130

1. PLACE OF DEATH

County ..... Registration District No. 791 1003 File No. 6911

Township ..... Primary Registration District No. ..... Registered No. .....

City St. Louis (No. 5136 Westminster St. ..... Ward)

2. FULL NAME Cara Le Vert Mastin

(a) Residence. No. 6311 Southwood St., 12 Ward. St. Louis Co. Mo.
(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

3. SEX: female
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Chas. James Mastin

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 9th 1849

7. AGE: YEARS 79 | MONTHS | DAYS 23 | If LESS than 1 day, ... hrs. or ..... min.

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) (STATE OR COUNTRY) Ala.

PARENTS

10. NAME OF FATHER Charles Henry
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Ala.
12. MAIDEN NAME OF MOTHER Mary McDowall
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Ala.

14. INFORMANT Dr. E. V. Mastin
(Address) Mo. Bldg

15. FILED JUL -3 1928, 19 Max C Starkloff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 2 1928

17. I HEREBY CERTIFY, That I attended deceased from June 30, 1928, to July 2, 1928 that I last saw her alive on July 2, 1928, and that death occurred, on the date stated above, at 7 37 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cerebral hemorrhage
Apoplexy
82 A
(duration) yrs. mos. 3 ds.

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

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? .....

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

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) Anthony B. Day, M. D

7.3, 1928 (Address) 1017 Beaumont Bldg.

*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 Huntsville, Ala | DATE OF BURIAL 7-3-1928

20. UNDERTAKER Wagner | ADDRESS 364 Alvin