

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

Do not use this space.

35859

1. PLACE OF DEATH

Com. Lincoln
 Township Washington
 City Merada

Registration District No. 875-
 Primary Registration District No. 6/621

File No. _____
 Registered No. 251
 St. _____ Ward _____

2. FULL NAME

(a) Residence, No. State Hosp # 3 St. _____ Ward _____
 (Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 11 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

female white widowed

5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

J M Robertson

6. DATE OF BIRTH MONTH, DAY AND YEAR

D.K. 1879

7. AGE

YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<u>49</u>	<u>D.K.</u>	<u>D.K.</u>	

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN)

D.K.

(STATE OR COUNTRY)

unknown

10. NAME OF FATHER

Bruce Masler

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

D.K.

(STATE OR COUNTRY)

Lin

12. MAIDEN NAME OF MOTHER

Nancy Spullock

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

D.K.

(STATE OR COUNTRY)

no

14. INFORMANT

(Address)

State Hosp Brock
Merada Mo

15. FILED

11/7/28

E. P. King
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 31 1928

17. I HEREBY CERTIFY That I attended deceased from Oct 17, 1928 to Oct 31, 1928 that I last saw him alive on Oct 31, 1928 and that death occurred, on the date stated above, at 8 a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

84
Maniacal Exhaustion
 (duration) yrs. mos. 11 ds.

CONTRIBUTORY (SECONDARY) Manic Dep. Insanity manic
unknown (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH? unknown

DID AN OPERATION PRECEDE DEATH? no DATE OF _____

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Clinical
 (Signed) E H Cowan, M. D.

(Address) Merada 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

WVA MO Nov 1 1928

20. UNDERTAKER

ADDRESS

Ferry Funeral Home Merada Mo

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.

