

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

Do not use this space.

1409

1. PLACE OF DEATH

County Jackson
Township Blue
City Independence (Name)

Registration District No. 398

Primary Registration District No. 5554

File No.

Registered No. 31

St.

Ward)

2. FULL NAME

(a) Residence. No. 135 East 8th 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)

Single

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF
(OR) WIFE OF

Single

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

March 19 21

7. AGE

YEARS

MONTHS

DAYS

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

7

7

29

8. OCCUPATION OF DECEASED

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

None

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

None

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Independence Missouri

10. NAME OF FATHER

Wesley M. Masters

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Independence Missouri

12. MAIDEN NAME OF MOTHER

Lavinia Keen

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Clay Center Kansas

14.

INFORMANT

(Address)

Wesley M. Masters
135 East 8th St.
Independence, Mo.

15.

FILED

1-30, 1929

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

Jan 29 1929

17.

I HEREBY CERTIFY, That I attended deceased from Jan 28

1929, to Jan 29, 1929

that I last saw him alive on Jan 29, 1929 and that

death occurred, on the date stated above, at 1209 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

10 Laryngeal Diphtheria

Cardiac Paralysis

CONTRIBUTORY (SECONDARY)

(duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH, ...

DISEASE PRECEDED DEATH, ... DATE OF Jan 29th 1929

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS

(Signed) W. H. Grimmer, M. D.

1-30, 1929 (Address) Independence, 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

Camp Ground Jan 30 1929

20. UNDERTAKER

ADDRESS

C. S. Carson & Son
Independence, 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.

RECEIVED, WITH UNFADING INK—THIS IS A PERMANENT RECORD

FEB 2 1929

48
0
0

261

1

2

