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

Do not use this space.

7907

1. PLACE OF DEATH
County: St. Louis
Township: Caronselet
City: Koch, Mo.
Registration District No. 1123
Primary Registration District No. 6248 B
File No.
Registered No. 80
(No. ..... St. ..... Ward)

2. FULL NAME: Evelyn Massears
(a) Residence. No. 2338 a N. Market St. 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. 25 ds. How long in U.S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

MAR 27 1929

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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Female	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Charles Massears

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Apr. 7, 1896

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	32	10	9	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Housework
(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): Missouri

PARENTS
10. NAME OF FATHER: James Birmingham
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Missouri
12. MAIDEN NAME OF MOTHER: Anna Ralser
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Missouri

14. INFORMANT: Robert Koch Hospital
(Address): Koch, Mo.

15. FILED: Feby 17, 1929 L. C. Obrock M.D. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Feb. 16, 1929

17. I HEREBY CERTIFY That I attended deceased from Jan. 23, 1929 to Feb. 16, 1929 that I last saw her alive on Feb. 16, 1929, and that death occurred, on the date stated above, at 6-20 p. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
23A
59 Pulmonary Tuberculosis
Diabetes
..... (duration) ..... yrs. 18 mos. 25 ds.
CONTRIBUTORY (SECONDARY) .....
..... (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? St. Louis, Mo.
DID AN OPERATION PRECEDE DEATH? No DATE OF .....
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? .....
(Signed) Wm. A. Lacey, M. D.
Feb. 17, 1929 (Address) Koch, 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: Calvary Cem
DATE OF BURIAL: Feb. 20 1929
20. UNDERTAKER: Meek & Dickman
ADDRESS: 3039 Easton Ave.