

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

Do not use this space.

34866

1. PLACE OF DEATH

County St. Francois Registration District No. 775
Township Big River Primary Registration District No. 6019
City (No.) St. Ward

File No.
Registered No. 82

2. FULL NAME

Burdoak Mases

(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. 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)

Male white Single

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

Single

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

May 19 1911

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.

18 5 8

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Mo

10. NAME OF FATHER

John N. Mases

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY)

Not known

12. MAIDEN NAME OF MOTHER

Laura Lawson

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY)

Bonnetere

14. INFORMANT (Address)

Mmanuel Mases
St Louis Mo

15. FILED 10/27/29 1929 T. A. Son REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 27 - 1929

17. I HEREBY CERTIFY, That I attended deceased from Oct 21, 1929, to Oct 27, 1929, that I last saw him alive on Oct 21, 1929, and that death occurred, on the date stated above, at 3:40 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Tuberculosis Peritonitis

CONTRIBUTORY (SECONDARY) unknown

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

DID AN OPERATION PRECEDE DEATH? no DATE OF X
WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Physical et
(Signed) A. L. Cannon, M.D.

10-27, 1929 (Address) Bonnetere 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

Adams Cemetery Oct 28 1929

20. UNDERTAKER ADDRESS

A. Benham Bonnetere 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.

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