WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

DAY 2 1930

1. PLACE OF DEATH

County Davies — Registration District No. 248 — File No. 12155

Township Liberty — Primary Registration District No. 5344 — Registered No. 7

City ..... (No. ..... St. ..... Ward)

2. FULL NAME Jacob Masengill

(a) Residence No. County Farm 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: M

4. COLOR OR RACE: W

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Don't know

7. AGE: about 75 YEARS — MONTHS — 0 DAYS — If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: County Farm

(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): Kentucky

PARENTS

10. NAME OF FATHER

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Don't know

12. MAIDEN NAME OF MOTHER: Don't know

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Don't know

14. INFORMANT: McKinley Sailor
(Address) Gallatin, Mo

15. FILED ....., 19.... Mrs. Jay Sunfoss REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Apr. 29 1930

17. I HEREBY CERTIFY, That I attended deceased from Jan 1st, 1930, to Apr 29, 1930 that I last saw him alive on Apr 27, 1930, and that death occurred, on the date stated above, at 5 A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chr Interstitial Nephritis
131
162

(duration) 2 yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY): Senility

(duration) ..... yrs. 6 mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED? 1290

IF NOT AT PLACE OF DEATH

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

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Clinical

(Signed) P. L. Gardner, M. D.

4/29, 1930 (Address) Gallatin 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: Jamesport Mo. — DATE OF BURIAL: 4/30 1930

20. UNDERTAKER: H. A. Hope — ADDRESS: Gallatin